DUPLICATE

BALTIMORE IN 1916

PERITONEAL PERFORATIONS—MAXWELL

WHAT CONSTITUTES A CURE?—GEISER

THE JOURNAL

OF THE

AMERICAN INSTITUTE

OF

HOMŒOPATHY

JANUARY, 1916

Vol. VIII

Number 7

PUBLISHED MONTHLY BY THE
AMERICAN INSTITUTE OF HOMŒOPATHY
917 Marshall Field Building
CHICAGO, ILL.

ıbscription Rates: United States and Mexico. $2.00 a year in advance. Postal Union. $2.50 a year in advance. Single copy, 25 cents

ıtered as second-class matter at the Post Office at Chicago, Illinois

LISTERINE

A safe, non-poisonous, unirritating antiseptic solution

LIBRARY
MAY 8 1973
UNIVERSITY OF TORONTO

LISTERINE embodies a two-fold antiseptic effect, in that after the evaporation of its volatile constituents—thyme, eucalyptus, mentha, gaultheria and ethyl alcohol—a film of boracic and benzoic acids remains upon the surface to which Listerine has been applied, affording more prolonged antiseptic protection.

LISTERINE is a trustworthy surgical dressing; it has no injurious effect upon the tissues in which the healing process is going on.

LISTERINE in proper dilution is useful in the treatment of abnormal conditions of the mucosa and forms a suitable wash, gargle or douche in catarrhal conditions of the nose and throat.

LISTERINE in teaspoonful doses will often afford relief in fermentative dyspepsia and is largely prescribed, with excellent results, in the various forms of diarrhoea occurring in infants and adults.

LISTERINE literature, including special pamphlets upon ***Disorders of Digestion*** and ***Respiratory Diseases,*** may be had, by physicians, upon application to

Lambert Pharmacal Company

2101 Locust Street, St. Louis, Mo.

American Institute of Homœopathy

TRANSACTIONS

OF THE

SEVENTY-FIRST SESSION

HELD IN

CHICAGO, ILLINOIS

JUNE 27—JULY 3, 1915

AND THE

INSTITUTE JOURNAL, VOL. VIII

JULY, 1915—JUNE, 1916

CHICAGO, ILLINOIS, U. S. A.
1916

LIBRARY
MAY 3 1973
UNIVERSITY OF TORONTO

Authorized Definitions

Regular Physician.—A graduate of a regularly incorporated medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides.

President John W. Dowling, M. D.
(Trans. 1881. pp. 23, 68, 71.)

Homœopathic Physician.— A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right.

(Trans. 1899. pp. 57, 102.)

In June, 1881, and in June, 1899, respectively, these definitions were ordered published conspicuously in the Transactions each year.

Secretary Eugene H. Porter, M. D.

THE JOURNAL
OF THE
American Institute of Homœopathy

Vol. VIII. JANUARY, 1916 No. 7

PERFORATIONS OF THE ABDOMINAL AND PELVIC VISCERA INTO THE FREE PERITONEAL CAVITY*

By L. K. Maxwell, M. D., Toledo, Ohio

The initial symptoms of a perforation of any of the abdominal or pelvic viscera, bear a marked resemblance to each other and it is mainly by attention to the previous history of the case and to certain rather ill-defined differential points that a decision can be reached, as to the particular part affected.

Rosving so pertinently states that in these cases it is necessary to have clever practitioners, and the position of a clever practitioner is just as full of difficulties and honor as that of a clever specialist, because much and comprehensive knowledge is required to determine which are the serious cases and to realize when to call for the right assistance at the right time. The patient's life and well-being depend in the first instance on the practitioner's examination, because what avails it that the surgeons are ever so competent, when the physician first called in does not send the patient to the surgeon until peritonitis and intoxication have caused irreparable harm? Many surgeons have met cases of this type, and regret that they had not been called earlier.

Acute overwhelming pain, vomiting, fall of temperature, rise of pulse, shock and peritoneal reaction are the general characteristic symptoms of a perforation into the peritoneal cavity. In the presence of these it is for us to determine where the perforation is located.

Perforation of the gall-bladder or gall-ducts is more rare than perforation of gastric or duodenal ulcer, or perforative appendicitis. McWilliams states that in 3,180 operations on the biliary system acute spontaneous perforation into the free peritoneal cavity occurred twenty-nine times. Garre found reports of fifty

*Read before the S. and G. Society, A. I. H., June, 1915.

cases of perforation of the gall-bladder or ducts in cases of cholelithiasis. In thirty-three cases the perforation occurred in the gall-bladder, one in the hepatic duct, four in the cystic duct, five in the common duct, while in the remaining cases the site of the perforation was not mentioned.

Perforation of the gall-bladder generally occurs at a later period in life than either the gastric, duodenal or appendiceal perforations. There is generally a history of cholecystitis or cholelithiasis, with acute and severe symptoms of infection of the gall-bladder at some date prior to the perforation. In most cases the infection occurs in connection with cholelithiasis. The initial symptoms usually are not so severe in this type of perforation; the peritoneal reaction is somewhat slower in appearing, and the muscular rigidity is not so marked as we find it in gastric and duodenal perforations. The initial pain is usually in the epigastric or umbilical region, with the pain and soreness rapidly becoming diffuse.

With gastric or duodenal perforation, usually the first symptom is severe burning pain, localized in the epigastric or umbilical region, showing no tendency to shoot from one portion of the belly to another, nor to be referred to the hypochondriac or scapular regions. The pain compels the patient to cry out and is cramp-like in character. He doubles up his thighs toward his abdomen and bows his body to his thighs, pressing his hands to his belly. This agonizing pain may persist from fifteen to thirty minutes, and is usually succeeded by symptoms of collapse, the patient having an anxious countenance, cold and clammy surface, sudden pallor, superficial respirations and feeble quickened pulse. After the first onset of pain the patient usually vomits, but the vomiting is not repeated as it is in cases of obstruction of the bowel. Vomiting is a serious feature as it forces the stomach contents through the perforation into the peritoneal cavity. When peritoneal reaction occurs there is marked rigidity of the abdominal wall, the whole abdomen having a board-like feeling. With the rigidity, a diffuse tenderness arises and the patient will protect his belly from the slightest pressure. If the infection be *overwhelming* the marked rigidity of the muscles may never appear, but the patient will sink under the lethal influence of the toxic peritonitis without an effort of repair of the lesion by plastic exudation.

In gastric and duodenal perforations, the initial pain as stated above, is in the epigastric or umbilical region, but the general

peritoneal cavity becomes more quickly involved through septic material gravitating to the lower abdomen and pelvis. In perforations occurring in the pelvis and lower abdomen the peritonitis does not usually spread so rapidly. Anatomical conditions tend to make fluids from the perforation in the upper abdomen collect first in the right kidney pouch, and then in the right iliac fossa. This frequently makes it difficult to diagnose between gastric perforation and appendicitis with appendicular abscess; especially is this true when it is difficult to elicit a history of previous gastric disease.

With a clear history and characteristic symptoms, diagnosis of gastric perforation may be considered easy. Yet in not a few instances mistakes have been made by capable surgeons, where the symptoms were so typical as to leave no room for doubt. They have opened abdomens and no lesion whatever has been found, or some lesion other than gastric perforation has been discovered.

In acute appendicitis the pain is usually diffuse, colicky and wave-like in character, but at a later period it settles into the right iliac fossa. The abdominal rigidity is well localized to the region of the appendix, and general invasion is often delayed for one or two days, but we occasionally meet with a fulminant type of appendicitis, especially in young individuals who have been in apparent health up to the time of perforation. In this type the pain is overwhelming, at first local and quickly becoming general. The shock is profound, the temperature falls, but soon runs higher, and there is early evidence of general peritonitis. A leukocyte count is of great diagnostic value before perforation occurs.

Perforation of the ileum is usually due to typhoid ulcer, and in this instance you have the typhoid history to guide you in making a diagnosis. The attack is usually sudden, and the train of symptoms similar to that of perforated appendix, as the lesion usually occurs near the ileocecal region. There are atypical cases of typhoid in which perforation occurs and the diagnosis of typhoid is not made until the abdomen is opened. R. Canelli gives an account of a remarkable case: "A man in apparent health ran against a post and as a result had agonizing pain. Operation later in the same day showed that he had a case of ambulant typhoid; one of the ulcers had burst following the trauma. Peritonitis ensued but the patient eventually recovered."

With pyosalpinx we usually have a history of more or less sharp lancinating pain, or dull heavy pain in one or both sides;

and on vaginal examination can outline a pelvic mass of greater or less degree. The patient may or may not have elevation of temperature and acceleration of pulse. With vaginal or rectal examination and the leukocyte count, we can usually make a positive diagnosis.

An ovarian abscess ordinarily, but not always, has about the same train of symptoms that we find with pyosalpinx, and the mass can be discovered in the same manner.

Cysts of the ovary, while small, are usually not attended with any symptoms, and are only discovered while examining for some other condition. Pus tubes, ovarian abscesses and ovarian cysts occasionally perforate and empty their contents into the free peritoneal cavity. The contents of the pus tube or ovarian abscess and occasionally of an ovarian cyst prove highly infective when this occurs, and produce about the same train of symptoms as are found with a ruptured appendix.

Perforating Typhoid Ulcer

Dr. Parmalee, forty years of age, of Lambertville, Michigan, early in December was taken ill with an atypical attack of typhoid. He had been running a temperature for about two weeks. Six days of this time he had been attending to a large country practice, the other eight days he had been confined to his bed, but had not had a very restricted diet and had taken cathartics of the saline type almost every day for the last four or five days that he had been confined to his bed.

About 6 a. m., December 22, he had an attack of sharp and excruciating pain in the region of the bladder, and was unable to void the urine. About 7 a. m., I received a long distance call from his wife, stating the condition that he was in and asking that I come and see him at the earliest possible moment. Believing that I had more serious trouble to deal with than retention of urine, I urged his immediate removal from his home to Toledo Hospital.

With their consent I phoned an ambulance to go out and bring him in. The ambulance men made a mistake and went to a town miles distant from Lambertville, before realizing that they were on the wrong road. In addition to this delay, caused through missing their way, they had to contend with a heavy snow and many deep snow drifts, which were almost impassable between Lambertville and Toledo, and did not get to the hospital until about one p. m.

On his arrival at the hospital, I made a diagnosis of typhoid perforation and had him prepared for operation. I operated about 2:30 and found a perforation about eight or nine inches above the ileocecal valve and another ulcer that had produced gangrene of all the layers of the bowel, but had not perforated.

I closed the perforated ulcer and used the Lembert suture over the one that soon would have perforated, had it been allowed to remain without repair. I found the pelvic cavity filled with liquid feces, and the whole peritoneal cavity saturated or soiled by the fecal contents of the abdomen. I used gallons of normal salt solution, in washing out the abdomen and pelvis, using a soft rubber tube, passing the tube under the hand to all pockets, and finally, when I believed that I had the peritoneum as clean as possible, I put two half inch rubber drainage tubes down deep into the pelvis and closed the incision with three layers of catgut and four or five silkworm-gut retaining sutures.

The patient was put to bed with high elevators under the head of the bed, and as early as possible after recovering from the anesthetic he was placed in a sitting posture, or exaggerated Fowler's position. This is a position that I have found very serviceable in the treatment of general peritonitis, following perforative appendicitis, and I frequently place them in a chair, instead of in bed, as soon as they have recovered from the anesthetic sufficiently for it to be safe to do so. I realized that in this instance I had a desperate case of peritoneal infection to deal with, which had existed for about nine hours, and, although I had a typhoid patient, I took the chances and put him in the sitting posture for the first forty-eight hours.

His recovery was that of the regular typhoid, at that stage in which we always find the temperature dropping a little lower each day, until at the end of the third or fourth week it reaches normal. His temperature has not been above normal since about the fourteenth day following the operation.

The only unpleasant feature about his convalescence, was the fact that I could not keep my incision free from the virulent bacteria abounding in the abdominal contents. The incision sloughed for an area of about one-third of an inch around its entire circumference, the sloughing extending clear to the peritoneum.

All the necrotic tissue having sloughed off, and a nice granulating surface presenting, I decided that I would do the secondary operation, for the repair of the incision.

January 6, after a thorough iodin preparation, I dissected off all the granular tissue, exposing the different layers of the fascia, closing the incision with three layers of catgut and four silkworm-gut retaining sutures. I got good firm union, and today he is completely recovered and has resumed his duties in a very active professional life.

Considering the fact that about nine hours elapsed after perforation, before the operation, and the fact that he was brought in over rough roads in an ambulance that repeatedly had to back up and buck the snow drifts in order to force its way through, thereby thoroughly shaking the recumbent patient, and so freely contaminating the whole peritoneum, I feel that he is to be congratulated on his recovery.

Perforating Gastric Ulcer

January 1, 1915, about 1 a. m., I was called over long distance by Dr. Held of West Unity, Ohio, who asked me to come to West Unity and operate L. A., aged 30, who was taken suddenly ill the day before at noon with severe pain in the abdomen. I made some inquiry over the telephone in regard to his previous history, and was informed that he had suffered for a number of years with stomach trouble, and often times in connection with this there would be an excessive acid condition. I told the Doctor that I believed the man was suffering from the effects of a perforating ulcer of the stomach, and that it would be safer for him to bring him to the hospital than it would be for me to operate at his home. He got the patient's consent to come to the hospital, and the following morning he was brought in on the train, and I operated about 11 a. m., 23 hours after perforation had occurred.

I made the usual right rectus incision, and as soon as the peritoneum was opened I found evidence of a perforation. The perforating ulcer was located in the anterior wall of the stomach, near the pylorus. The leakage was profuse and had contaminated the whole peritoneal cavity.

I closed the ulcer in the usual way, and made a small counter opening just above the pubes, through which I drew a large rubber drainage tube. After placing my drainage deep in the pelvic cavity, I commenced irrigating with normal salt solution, carefully handling the omentum, the bowels and mesentery, but passing a soft rubber tube to all parts of the peritoneal cavity.

This thorough irrigation finished, I made a stab wound on

each side, about on a line with the umbilicus and passed cigarette drains in such manner as to drain the lateral portions of the abdomen and the kidney pouch. I then closed my incision, layer by layer. After closing the incision, I flooded the abdominal cavity with normal salt solution, running it through my supra-pubic drainage tube. When it was thoroughly filled I clamped the tube and let the salt solution drain through the cigarette drains a couple of hours; then I removed the clamp and allowed the supra-pubic drain to work.

When he was returned to his room, I placed him in the exaggerated Fowler's position and kept him in this position for about 72 hours, when I took the back-rest out and simply used the high elevators.

His recovery was somewhat tardy, owing to a small abscess on the left side, which caused a temperature for a considerable time, but which was entirely absorbed under the constant use of the ice bag. He is today performing the duties of a rural mail carrier.

Perforated Pus Tube

February 27, 1906, about 5 o'clock in the morning, I was called to see Mrs. B., aged 30; from personal observation of her case for a number of years, I knew her to have a negative history, with the exception of a mild vaginitis and a labial abscess, originating in the vulvovaginal gland of the left side, about three years prior to this attack.

Her husband had been leading such a gay life that she left him several months previous to this attack and was living with her parents, supporting herself by working in a down-town store. Her health had been such that she had worked continuously for months without consulting me for any ailment.

For a short time prior to February 27, she had had some pain in the region of the right tube and ovary, but it was not severe enough to cause her to give up her work. She had been out the evening before to a party. She came home about midnight, retired, and slept soundly until 4:30, when she was awakened with an intense agonizing pain in the region of the appendix and the right tube and ovary. She was in the habit of sleeping on her right side, and was resting on her right side when she was awakened with this intense pain. I was immediately called and within thirty or forty minutes was at her bedside.

I found her suffering with intense pain and diffuse abdominal

tenderness, with great soreness in the region of the appendix and with her limbs flexed considerably. Her pulse was about 120 and her temperature about 100°. The location of the soreness, the suddenness of the attack, and the fact that her recent previous history had been so good, and also the fact that upon a vaginal examination I found no great amount of thickening and induration of the right tube and ovary, led me to believe that she was suffering from perforative appendicitis.

I immediately had her removed to the hospital in an ambulance, and operated about 8 a. m., doing the ordinary split muscle incision, and upon snipping the peritoneum a seropurulent fluid immediately escaped. I fished up the appendix and found it and the cecum in normal condition. Knowing that her trouble did not originate here, and finding the right tube thicker than normal, I enlarged my incision sufficient to make a thorough examination of the right tube and ovary. Opon examination of the right tube I found the distal half much thickened, but floating free of any adhesions. About the middle of this diseased portion of the tube was a small perforation, and the tube contained a small amount of clear pus. The ovary was practically normal.

As we did not have any pathologist at the hospital at that time, I did not have the specimen examined as to the type of infective germs present in the pus. I removed the tube, put in free drainage, put the patient to bed, but in spite of the free use of salt solution, subcutaneously and per rectum, the use of ice constantly applied over the abdomen, and a posture favorable to good drainage, she developed a virulent type of septic peritonitis, from which she died March 5,—just six days from the time the perforation occurred.

Here was a case that was decidedly misleading; from the fact that there was but a small portion of the tube diseased, and the further fact that the disease had caused her so little inconvenience prior to the perforation.

Perforated Ovarian Cyst

On the morning of June 7, 1915, I was called in consultation to see Miss S., aged 14, who had a negative history, with the exception of the diseases of childhood, until the present illness. She was a student in the high school, and had been in school all the week previous, until Saturday, when she worked all day waiting on customers in a bakery, going to bed with slight headache and a slight malaise, which was due to her approaching menses.

Sunday morning, June 6, she was awakened from a sound sleep about 4:30 by a very sharp pain in the left pelvic region. On examination she found herself to be menstruating. The pain rapidly increased and her pulse was greatly accelerated, temperature shot up, reaching 104.5° and she suffered from vomiting. The tenderness which was confined to the pelvic region at first was soon very diffuse and she rested with her thighs flexed on the abdomen.

I did not make a vaginal examination, but from the previous history of continuous good health and the fulminant type of the attack I made a diagnosis of septic peritonitis, which I thought was possibly due to perforative appendicitis. I advised her immediate removal to a hospital and an operation.

She was taken to the hospital and I operated about 11 a. m., making a suprapubic median incision. On opening the peritoneum a quantity of purulent serum escaped. On examination of the appendix I found it normal, so far as any inflammatory condition was concerned, but tightly adherent to the ascending colon with the distal portion pointing up beneath the liver. On examining the left pelvic region I found the left tube and ovary in normal condition. An examination of the right tube and ovary revealed a small-sized ruptured ovarian cyst.

I removed the right tube and ovary, also the appendix, irrigated the peritoneal cavity thoroughly with warm saline solution, put in plenty of drainage and closed the incision by the ordinary method. She was put to bed in the Fowler's position, given a quart and a half of saline solution subcutaneously and given continuous enteroclysis.

Immediately following the operation her temperature dropped, pulse improved and her condition seemed quite hopeful. At the end of three days she developed lobar pneumonia, involving the lower half of the right lung, and her temperature, pulse and respiration grew worse. She continued quite ill for three days, when the temperature dropped considerably, pulse became slower and of better volume, and there was a great decrease in the number of respirations. The pneumonic condition evidently was secondary and of septic origin.

On the morning of June 14, just one week from the time I had operated, I made a careful physical examination of the chest and found that the lung had cleared up considerably, her temperature was 97.4°, pulse 104, respiration 46. I left a message for the pathologist, who is also a good internist, to make a physical

examination of the chest and report his findings to me. This he did about three quarters of an hour after my examination, and like myself, felt greatly encouraged over her improvement.

He had been away from her room about five minutes when she suddenly asked her Aunt to call a nurse, threw up her hands and immediately expired, being dead when the nurse and pathologist reached the room. It was the opinion of the pathologist, Dr. Zbibden, and myself, that she died of embolism.

Following is the pathological report on this case: Ovary 4½ cm. long, 3½ cm. wide, 2 cm. thick. At the lower pole is an open cyst containing friable substance, pale yellow. Cyst having irregular shape, 2½ cm. in longest diameter, outer wall 4 cm. thick, inner surface appears rough. Adjoining cyst is a large follicle, containing clotted blood. Rest of ovary contains many small cysts about size of pea, with smooth walls of dense white tissue. Tube, normal. Appendix, 11 cm. long, 4 mm. thick.

Microscopical examination: Ovary is greatly congested, with considerable interstitial hemorrhage under the surface. It has an unusual number of large cysts and relatively less ovarian tissue. The tube is normal except for the acute inflammation of the serosa.

Diagnosis: Ruptured ovarian cyst, probably due to rupture of nearby Graafian follicle at menstrual period.

Culture made from peritoneal fluid gives encapsulated diplococcus like pneumococcus, except that growth was very slight, except under anaërobic conditions.

The treatment for all cases of septic peritonitis following perforation of any of the viscera should be surgical and it should be early. The statistics following, which were reported at the Congress of Russian Surgeons and published January, 1914, are most convincing as proof of this statement, as are all statistics that the writer has had access to:

	Cases.	Deaths.	Percent.
Dry peritonitis (peritoneal septicemia)	4	4	100
Purulent peritonitis: operated early	70	13	18.5
Purulent peritonitis: operated midway	66	37	56
Purulent peritonitis: operated late	22	19	86.3
Serous or seropurulent exudates	59	21	35.6
Fibrinopurulent exudates	50	39	78
Markedly purulent exudates	59	21	35.6

Divided according to origin:	Cases.	Deaths.	Percent.
Appendicular	271	122	45
Gynecologic	90	51	56.7
Purulent	22	18	81.8
From cholecystitis	18	9	50
Rupture of intestine	59	51	86.4
Perforated ulcer (stomach or duodenum)	47	40	85.1
Perforated ulcer (typhoid)	121	110	90.9
Rupture of bladder	28	18	64
Wounds of stomach or bowel	102	43	43.1
Total	758	462	60.9

Bolarisky studied the cases of appendicitis at the Obouchoff Hospital from 1905-12, 532 acute cases. The cases without effusion or with serous effusion only, operated on in the first 48 hours, gave no mortality in 82 cases.

The mortality in cases with diffuse peritonitis was:

Before 48 hours, 70 cases, 2 deaths (2.8%).

After 48 hours, 100 cases, 78 deaths (78%).

In eighty cases with circumscribed abscesses there were only 13 deaths (16.2%).

The mortality has been steadily declining, 50.7% from 1915-8; 22.1 from 1919-12.

The bacteriology of peritonitis was investigated by Sokolva. Examination of the effusion in 75 cases showed a great variety of microbes. The most benign were the staphylococci, the small intestinal diplococci and the gonococci; pneumococci are much less benign; and the most grave of all the streptococci. The colon bacillus does not produce a very grave form, but associated with other microbes, especially the streptococci, renders the prognosis considerably more serious. When putrid aërobic or anaërobic bacilli are found, the evolution of the affection is generally complicated by enterocolitis. Bacteriemia was noted in the majority of the fatal cases, especially with the streptococcus and the colon bacillus. In patients who recovered, bacteriemia was seen but twice, staphylococci and Eberth's bacillus, each once.

While patients are being operated in severe conditions of toxemia from peritonitis, continuous submammary saline or bicarbonate solution (1¼ of 1%) should be given, or an intravenous saline 1½ pints instituted, so as to prevent the lowering of the blood pressure and thus diminish the patient's resistance.

WHAT CONSTITUTES A CURE?*

By S. R. Geiser, M. D., Cincinnati, Ohio

In this day of cults, fads, fancies, and a multiplicity of healing methods, it is very difficult, in many instances, to determine what really constitutes a cure, and what per cent of alleged cures are coincidences.

As we likely know, the word "cure" is a misnomer. Its actual meaning is "care" and has no reference to recovery from illness, and when I refer to a "cure" or a "recovery," I have in mind such a disease that became normal or at least very much improved, and so remained, by the application of some remedial agent; one that would not likely subside by a natural process, and had been determined by correct diagnosis, at least so far as our inadequate diagnostic methods and ability to apply them, would permit.

Orthodox and homœopathic practitioners, Christian scientists, new thoughters, osteopaths, chiropractors, spondylotherapeutists and many others, claim wonderful results from their methods, and all in a greater or less degree, *do relieve suffering,* pain and discomfort, and all are doubtless seeking the truth, and in addition an honest dollar.

On careful investigation, however, it seems apparent that all, with a few exceptions, where drugs or physical means are not employed, come under the head of mental therapeutics or healing by suggestion. The term "suggestion," in a wide sense, implies the application of any mental process to the purposes of treatment. Again, we may have observed that suggestion is more effectively exercised by some persons than by others, a fact which seems to explain the "gifts" of a special character claimed by various healers. By special gifts we may understand greater proficiency to induce the individual to get away from morbid thinking or imaginary troubles than possessed by other healers.

While no sharply defined fundamental distinction can be, nor has been drawn between so-called organic and functional ailments, "faith" or "spiritual" healing, like all treatments by suggestion, can be expected to remain permanently effective only in cases of what are ordinarily termed functional disorders. The most authoritative investigation of faith healing yet made confirms this statement.

The alleged exceptions are so disputable that they cannot be

*Read at the Southern Homœopathic Association, October 13, 1915.

taken into account. A spiritual healer, for instance, announced in my hearing, that a confirmed stutterer had been healed by one treatment. A science healer of prominence of this city told me that she had cured cancer, so diagnosed, she contends, by several prominent surgeons. These alleged "cures" need careful investigation in order to be confirmed. A point of importance that should here be emphasized is a warning to those who resort to healing in the hope of receiving a permanent cure that they thereby are postponing until too late the medical treatment which might serve to arrest organic disease. Here as in many other cases exact diagnosis plays an important part, not only as an aid in establishing a prognosis, but also an aid in verifying the results of our remedies.

Let us take, for instance, tuberculosis. While a constant slight elevation of temperature in the afternoon and a subnormal, 97 degrees, in the early morning before the patient gets out of bed, accompanied by languor, loss of appetite, emaciation and quick pulse, even if there be no cough, may well-nigh warrant a diagnosis of *incipient tuberculosis;* these symptoms are not positive evidence of this disease.

Neither history nor physical examination, nor tuberculin tests, nor the x-ray, auscultation and percussion, nor any other familiar means, taken alone, is adequate to decide the presence of very early tuberculosis. The diagnosis established in time to ward off trouble, is made by a combination of all the above, plus skill, experience, judgment, decision and discriminating sense. The same holds good in determining the exact diagnosis of other disorders, as may be illustrated by the following clinical cases:

1. A woman of perhaps forty-five years consulted me relative to a tumor in the breast that was at once suspicious of malignancy. Physically she was below par. I advised her to consult a surgeon, which she refused. Then I told her I would treat her for a while with remedies in order to bring her to a normal physical standard, when I should insist that a surgeon be consulted. Under treatment her physical condition came up beautifully, but the tumor in the breast remained the same. I finally insisted that a surgeon be called, which she again refused. She then consulted a science healer and had treatments by that method, both present and absent, for about eight months, when I was again called into the case. From the time medical treatment ceased, she reported the disease had progressed rapidly. The tumor had been developed from the size of a small walnut to that of a large orange, in

fact the entire breast and also the glands under the corresponding arm were involved. She finally very reluctantly consented to an operation, which was then a formidable one. She lived perhaps one year after the operation, when metastasis to the stomach ended her career.

Here mental healing was a loss of valuable time to the patient, as an early operation would have been life-prolonging and life-comforting, and would have been a much less hazardous undertaking at the proper time.

2. A maiden woman, dressmaker by profession, about forty-two years of age, came to me with a small nodule in the left breast, movable and causing no inconvenience. It was by accident that she discovered it, as it had given her no inconvenience previously. After a thorough examination and getting a careful history of the case, I was convinced that the nodule was benign and likely never to be of serious consequence, even if it did not disappear by medication.

In her work among her patrons she had come in contact with several women who had had entire breasts amputated on account of some swelling. Some had swellings that had been surgically removed several times. She was highly wrought up, greatly excited and worried, thinking that would be her fate. She had not been eating or sleeping on account of worry for three days and nights, and her physical appearance was pitiful. After repeated conversations she was finally induced to forget her troubles. She again resumed her duties as usual, slept well and gave the disorder no further thought or attention. A few doses of ignatia to quiet her nerves and hopeful suggestions and later conium, which was well indicated, as she had typical symptoms of that drug, soon brought about an equilibrium, and normal conditions were again established. The nodule disappeared.

In case No. 1, operative measures were essential when I first saw her, because no other method of treatment would meet the conditions, as the tumor was of progressive nature and likely malignant in character.

In case No. 2, suggestion or suggestive treatment was paramount. Any kind of a mental healer with sufficient tact to convince the patient that her trouble was not of a serious nature would possibly have effected a cure.

In order to illustrate again the importance of proper diagnosis and judgment, I will cite another case: A married woman, thirty-two years of age, mother of one child, consulted me in reference

to a swelling of considerable size in the left breast. It gave her no pain except that it caused some tension at times and naturally some worry. In addition there was quite a leucorrheal discharge and an examination revealed a decided endocervicitis. Glycerin treatments to the cervix and phytolacca internally in reasonable time caused both disorders to disappear, and the woman now enjoys perfect health in every particular. Four or five years have elapsed since the swelling developed. Her mother died of uterine cancer at the age of fifty-five years, which frequently gives her mental distress.

To arrive at proper conclusions, and to adopt the proper procedure in many disorders, especially such as I have just mentioned, is often a difficult matter. The procedure, in many instances, should be adopted from the standpoint of careful differentiation by a competent diagnostician rather than from the viewpoint of an indiscriminate surgeon.

This opinion is by no means intended as a fling at surgical men. I hold in highest esteem honest, conscientious and discriminating surgeons. It is the mercenary, indiscriminate surgical procedures that should be disparaged.

To follow routine methods in the management of breast tumors is to my way of thinking hazardous. To remove indiscriminately all unnatural growths, as suggested by some surgeons, is not only unnecessary, but inhuman. To rely upon the indicated remedy *in all cases* might be unwise, if not hazardous.

The whole subject of operative treatment of morbid growths whether malignant or benign in character, needs careful consideration, and I think I am safe in predicting that the final triumph over these diseases will result from other than surgical measures. Early operations seem to give favorable results, but even these are futile in many instances, as we all know.

As internists it is our duty, if possible, to eradicate every deviation from health, as early as possible, when many a case will escape surgical interference with small risk. The whole subject of treatment, especially of malignant diseases, is built upon a very insecure foundation, as indications for or against operations are numerous and uncertain. Extravagant procedures are not compatible with calm judgment, especially when we have knowledge of most excellent results from the use of carefully selected homœopathic remedies.

The results of my experience in the management of this class of cases have been most gratifying. The cases related are only a

few of many treated by carefully selected remedies and some as far back as twenty-five years.

I will cite just two more clinical cases, differing in character, however, from those related. One was a woman about sixty-four years of age, suffering from chronic tic-douloureux which had hitherto remained unaffected by careful therapeutic means, and to resort to resection of the nerve seemed justified and had been advised, though the results from operation here, too, often leave much to be desired. I have knowledge of cases that had only partial use of the facial muscles after resection of the nerve. This woman was referred to me as a last resort before employing surgical means. The pains in this case came on suddenly and left the parts extremely numb. They were on the left side, over the left eye, also infra-orbital, in the cheek bone and involving the ear; touch or movement of the jaw, eating hot foods aggravated the condition, but firm pressure relieved. A normal condition was brought about by a short course of treatment with mezereum.

A woman, thirty-nine years, barring head-pains, is seemingly well, at least no other disorder could be discovered from physical examination; at frequent intervals she had very violent neuralgic pains about the teeth, and face, especially on the left side, running toward the ear, always worse at night and from warmth, disturbing sleep. After one of the paroxysms the parts were numb. The pains had been annoying the patient for many weeks, and she had consulted a dentist and had had various remedies, aspirin, etc., and had consulted several physicians. Mezereum very soon brought about a happy change. Were these results "cures" or coincidences?

The question that should present itself to the mind of a thinking physician is, What method of treatment will give the best results to the patient? Every procedure should have a humane object for its basis, and one should bear in mind that humanity and scientific zeal may not be synonymous.

In conclusion I will simply quote from the late noted London neurologist, Gowers, whom I had the pleasure to hear when abroad, and who had no place in his philosophy for therapeutic nihilism, and who said failure on the part of a physician to avail himself of the aid of drugs was in his estimation evidence of inefficiency in the art of adaptation of remedies to the indications which were always present if properly searched for. He evidently had a clear conception and appreciation of the value of drugs and emphasized his views by the statement that treatment by drugs would be correctly named, "dynamic therapeutics."

THE TECHNIC OF MORPHIN-SCOPOLAMIN AMNESIA IN OBSTETRICS*

By Florence N. Ward, M. D., San Francisco

In the midst of the uncertainties attending the trial of a new technic such as involved in the morphin-scopolamin amnesia, it is well to emphasize the essential points of the original technic as evolved by Gauss of Freiburg. Although many obstetricians, particularly in Germany, have utilized the advantages to be gained from the combination of scopolamin and morphin in obstetrics, to Gauss alone is due the credit for the elaboration and perfection of a technic that is characterized by scientific accuracy and adaptability to obstetrical needs.

Upon analyzing the reports by different workers from Steinbuckel in 1902 to the present time, the reason for the partial successes or failures is found to be due to large dosage, to infrequent or imperfectly spaced injections or to undesirable combination of drugs.

It was Gauss, who definitely formulated the indications and then definitely elaborated a technic to meet the special obstetrical needs. He found that he achieved for the patient in childbirth the best degree of analgesia by keeping her in that zone of consciousness midway between full narcosis and complete consciousness, namely, seminarcosis, and it was in this zone that labor progressed normally with no memory of what took place during childbirth. The full narcosis necessary for surgical procedures was not only unnecessary for the patient, but entailed possible dangers for both mother and child. Acting upon recognition of these indications, he worked out through long series of cases the technic that was finally completed and proven and reported in his first 500 cases in 1906. This report has been confirmed by later reports.

To accord to it a fair trial, it is necessary for us to aim to secure the same conditions as obtained in Gauss's cases: a well-equipped hospital where the necessary quiet and seclusion can be secured; a well-trained obstetrical corps with a good working knowledge of obstetrics; a stable preparation of scopolamin.

These are essential requisites for carrying out the technic, and it is useless to attempt to secure amnesia without them. The failures in America and the prejudice that has been engendered have been due to the indiscriminate use of a drug whose action has

*Read at the Obstetrical Society of the Amer. Inst. of Homœopathy, 1915.

been imperfectly understood, as well as to unfavorable surroundings of the patient.

The technic, briefly, is as follows: the patient receives the usual preparation for labor and after the pains have reached the stage where they are coming every 5 to 10 minutes and lasting from 40 to 50 seconds and the cervix is found to be dilated to the size of two fingers, the first injection of 1/6 gr. of morphin and 1/133 gr. of scopolamin is given; this is injected into the thigh or buttock and the patient is placed in the twilight room. This is an apartment specially prepared for this work by being darkened and shut off from disturbing noises and sounds. The patient rests upon a bed or couch, and soon under the quieting effects of the injection she falls asleep, rousing as each uterine contraction takes place. The nurse sits beside her, carefully observing her, but avoiding all unnecessary noise or disturbance. She records each 15 minutes the patient's pulse, the uterine contractions, their character, duration and frequency, and the fetal heart sounds. The second dose is usually repeated in three-quarters of an hour and consists of the scopolamin 1/133 gr. alone, the same size as the original dose. The morphin is never repeated except under the most extraordinary conditions. At the time the second dose is given, the patient is shown some familiar object, as a cup or spoon, which she recognizes, and in half an hour the same object is shown her and she is asked if she has seen it before. If she remembers it, it shows she is not yet in the zone of amnesia, and a third dose of 1/400 gr. or 1/3 the size of the first dose, is given three-quarters of an hour after the second dose. The memory test is again made in half an hour from the first test and usually the patient by this time cannot remember, and she is well in the zone of amnesia. From this time on, she can usually be kept in this zone by the repetition of the small doses, 1/400 gr. at two-hour intervals. The memory test is applied from time to time that the patient may not come into full consciousness before there is a repetition of the dose, as it is much more difficult to get a patient back into the seminarcosis if she comes out of it, than it is to maintain her steadily in it. Other tests to determine the degree of narcosis are the pupillary reflex, the motor co-ordination and the Babinski reflex. The secondary manifestations such as the flushing of the face, dryness of the mouth and thirst are usually seen in a greater or less degree. Sometimes there is motor restlessness, mental excitement, and even crying out with the uterine contractions, which the patient does not remember after the

labor is over. The first stage of labor usually progresses normally, passing into the expulsive stage, which may be somewhat prolonged, due to the less violent muscular efforts on the part of the patient, but with the compensating benefit that there are fewer lacerations of the perineum than in cases without the amnesia. Care is exercised not to give the scopolamin for at least three-quarters of an hour before the completion of the second stage, so as to prevent the child being born saturated with the drug.

The third stage usually progresses normally, the placenta being delivered spontaneously in the majority of cases. Post-partum hemorrhage occurs no more frequently than in the cases conducted without the narcosis. After the delivery, the patient is made comfortable and usually sleeps from four to six hours, waking refreshed and, if successful, with no memory of what has transpired or that her child is born, until it is shown to her.

It can readily be seen that to have successful results much more than the usual obstetrical care must be given to the patient. It is a technic of such nicety and exactness that the patient must have the advantage of hospital care, where assistants and trained nurses can maintain the intimate watchfulness necessary.

It must be remembered that in twilight sleep two distinct processes are taking place, first the physiological process of child-birth, upon which, to relieve the suffering of the mother, there is imposed an artificial process or drug action which must pervade the sensorium only to that degree so as to block off painful impressions from the memory centers, without interfering with or disturbing the physiological process, and it is the balancing of these two processes and the maintenance of their adaptability to each other that demands good judgment on the part of the obstetrician. Good judgment must also be exercised in selecting the proper patients for the narcosis. The primipara is the patient above all others to receive the greatest benefit from it, the mildly albuminuric and cardiac cases are both favorable, particularly those patients with heart lesions, as under the seminarcosis the labor progresses quietly with the least possible strain upon the heart. It is unnecessary to dwell upon the futility of administering the technic to a patient where an obstruction in the pelvis exists, or where there is a disproportion between the fetal head and the pelvis, or where any abnormality exists demanding surgical intervention.

The multiparous woman having the history of rapid labors, should not be considered a candidate for the amnesia, as it takes

from one and a half to two hours to bring the patient into the zone of seminarcosis. If the uterine contractions are powerful and very painful, as frequently occurs, analgesia may be obtained by the administration of nitrous oxid and oxygen during each contraction, only to the point of the abolition of sensation, as recommended by Herbert C. Allen* of Brooklyn and Frank W. Lynch† of Chicago.

Modifications of the original drugs, scopolamin and morphin, are being extensively used, the drugs most frequently substituted for morphin being codein, narcophin and pantopon. Narcophin is the most popular; it is used in the Siegel method. Narcophin is a combination of morphin, meconate and narcotin manufactured by Boehringer and Soehne in Mannheim, Germany. It is supposed to have a less depressing effect on the respiratory centers of the mother and child.

The Siegel technic is a routine method fixed for all cases alike and consists of the first injection of ½ gr. of narcophin and 1/133 gr. of scopolamin followed in three-quarters of an hour by a second dose of scopolamin 1/133 gr. In another three-quarters of an hour, one-half the original dose of narcophin is given,—¼ gr., with 1/400 gr. scopolamin. After one and a half hours, scopolamin, 1/400 gr., is given. The succeeding doses are given at intervals of one and a half hours and consist of scopolamin 1/400 gr. with narcophin ¼ gr. at every third dose, so that the narcophin will be given at the 3rd, 6th, 9th dose and so on, in addition to the scopolamin. This technic gives fairly good results as far as the mother is concerned; but with it there is a far larger percentage of babies born oligopneic and require attention to establish respiration. This effect is undoubtedly due to the repeated doses of narcophin. This routine treatment is not to be recommended, particularly where there is a varying degree of individual susceptibility shown to the action of such a drug as scopolamin.

A very important essential in the technic is to secure a stable preparation of the scopolamin hydrobromid, as it decomposes very rapidly when exposed to light and air, producing dangerous compounds. The best preparation is that of Hoffmann LaRoche, which comes in capsules. Should this preparation of the drug be considered too expensive, an accurate description of the mode of preparing the Merck's crystals is given by Dr. Wm. H. Wellington Knipe in his article, "The Freiburg Method of Dämmerschlaf

*American Twilight Sleep.
†Eutocia by means of Nitrous Oxid and Oxygen Analgesia, Illinois Medical Journal, April, 1915.

or Twilight Sleep."* A stable solution of the drug may thus easily be prepared inexpensively and will keep in capsules indefinitely without deterioration.

Danger to the Child

It has been proven that large or improper dosage of the morphin and scopolamin produces a distinctly depressing action upon respiratory centers, producing oligopnea or asphyxia.

In oligopnea, the child may cry out but remains blue and makes no attempt at respiration until after an accumulation of carbon dioxid takes place in the blood, when there are one or two respirations with long lapses between, and the blue appearance remains. The respirations gradually increase in frequency and depth, and usually in about fifteen minutes the child spontaneously adjusts itself to normal respiratory and cardiac function. The deeper forms of apnea may require stimulation and appropriate treatment. That these results upon the child are unnecessary and are produced by imperfect technic is proven by observing the work of different obstetricians.

The statistics of the Frauenklinik at Freiburg show that in their first five hundred cases there were 23.5% of oligopnea and 12.8% asphyxia cases. In the second five hundred cases, the percentage was reduced one-half. Now with increased experience and with careful individualization the percentage of oligopnea and asphyxia is reduced to almost nothing.

The After Treatment to the Patient

As a corollary to the scopolamin-morphin amnesia, at Freiburg, active treatment of the puerperium is employed in contradistinction to the passive method as employed by us. After the completion of dämmerschlaf labor, the patient shows a distinctly better physical condition than with the ordinarily conducted labor. Within twenty-four hours after delivery the nurse gives patient passive exercise of the trunk, lower and upper extremities. These exercises are increased daily and consist of flexion, extension, abduction and adduction of the limbs, becoming gradually active instead of passive. On the second day, the patient sits up in bed; by the third day, she is sitting up out of bed. The exercises are systematically and persistently enforced, with the result that involution of the uterus progresses rapidly, the muscular tone of the

*Am. Jour. of Obstet. and Diseases of Women and Children, Vol. LXX, No. 6, 1914.

uterus partaking of the general muscular tone. Gauss maintains there is less subinvolution, fewer retroversions and less muscular relaxation by his method.

Knipe at the Gouverneur Hospital substantiates these findings in his own series of cases, particularly in regard to retroversions. He reports almost the entire absence of the usual postpuerperal retroversions, which are so frequent with our patients. J. Whitridge Williams estimates retroversions as occurring in 20% of all obstetrical cases. A method that yields such distinctly better results should be carefully tested, even though it is so pronounced a departure from the methods to which we are accustomed.

Conclusions

1. Before attempting to use the morphin-scopolamin amnesia, there should be a thorough understanding of the technic as well as the requisite training necessary to bring about confidence in its use both on the part of the obstetrician and the patient.

2. That the Gauss method be carried out accurately upon a sufficient number of cases and by a large enough number of obstetricians to further prove its value.

3. Modifications and developments of the original technic may then be added until is secured for obstetrics as accurate a method for the relieving of pain of obstetrics as has already been secured for surgery.

Knipe on Twilight Sleep. In the series of cases here reported, we have with few exceptions, followed the Gauss method to the strictest detail, using 0.01 morphin hydrochlorid in one dose and a stable preparation of scopolamin with mannite.

Since my return from Freiburg in August, I have had under my charge, although not entirely conducted by me, 101 cases of twilight sleep, most of which were in Gouverneur Hospital, New York City. Of these there were:

Complete amnesia, 78 cases. Partial amnesia, 12 cases. Analgesia, 2 cases. Failures, 9 cases.

Of the failures, five cases had only one injection which of course was not a fair test.

Any method that is safe for mother and child, and which will, at the same time, diminish the pain of child-birth, must inevitably come into general use: this will, however, not be accomplished in a month or a year, but will require time—a considerable period of time. Because, first, the true Freiburg method is not easy to use and must be learned by patient observation of successful cases, combined with extensive reading of the authoritative literature of the subject. Again, that great bar to progress, inertia of the mind, still lingers with us and many

physicians will not use the new method because for centuries babies have been born without the use of drugs. This frame of mind will be strengthened by the reports of the bad results obtained by us in past years in the use of scopolamin or hyoscin and morphin when we were not using the Freiburg technic. Bad reports will, undoubtedly, be published under the heading, "Twilight Sleep," when in reality no attempt has been made to adequately carry out the true method.

There will also be difficulty in securing a *proper environment* in our hospitals and the practical difficulties encountered in carrying out the method in homes will serve to retard the general acceptance of the method.

There are many women, too, who have easy labors, and who do not need twilight sleep, and there are others with whom the method should not be used.—*American Medicine, January, 1915.*

Polak on Twilight Sleep. Dr. Ralph M. Beach and I have studied over four hundred labors under scopolamin-morphin amnesia occurring in our services at Long Island College Hospital, Methodist Episcopal Hospital, and Jewish Hospital, Brooklyn. In this series there has been no maternal mortality, and less than the usual morbidity. No child has been born dead. There has been no case of postpartum hemorrhage following any of these deliveries. A moderate degree of oligopnea has been present in 15 per cent of the cases. Real asphyxia was noted less frequently than after ordinary labor. Three children died within the first ten days after delivery. All three were necropsied and the following were the pathologic diagnoses: diaphragmatic hernia with transposition of the viscera; hemorrhage into both suprarenal capsules; and microcephalus. The lungs were specially examined for atalectasis, with negative findings. Certainly the most skeptical cannot say that the scopolamin caused these deaths. The condition of the baby at birth and the spontaneity of its first cry are determined by the skill of the operator in producing the twilight state with the minimum dosage, and the length of time of the second stage. As Dr. Beach has so admirably said: "A certain number of women are destined to need a forceps delivery, twilight or no twilight, and it is poor judgment to wait indefinitely for a spontaneous labor in these cases, to the detriment of the baby."

From my personal experience and from the admirable statistics based on 1,000 cases collected by Dr. Beach, which include the work of twenty-six different operators, we can draw the following conclusions:

1. The twilight sleep state is a reality and is applicable in any labor in which there is no primary inertia, marked pelvic contraction, or the presence of obstetric accidents.

2. It is especially applicable to nervous women of the physically unfit type.

3. It is a valuable adjunct in the management of borderline contractions, for it allows the woman a full test of labor.

4. It is distinctly a first-stage procedure and bears the same relation to the first stage as chloroform and nitrous oxid bear to the

second stage; it relieves the pain but does not inhibit the progress of labor.

It is particularly useful in cardiac cases as it relieves the nervous apprehension and secures dilatation with less muscular effort.

6. It diminishes the shock of labor, whether that labor be normal, prolonged or operative.

7. It does not diminish the milk supply.

8. It does not predispose to postpartum hemorrhage.

9. It does decrease the number of high forceps operations.

And, finally, it has a distinct place in hospital obstetrics, and should be tried out by those who have control of sufficient material to determine its position in obstetric practice.—*Jour. Amer. Med. Assoc., Sept. 18, 1915.*

PRINCIPLES AND PRACTICAL METHODS IN THE DIAGNOSIS OF MENTAL DISEASES AS EMPLOYED IN THE STATE HOSPITALS OF ILLINOIS*

By Clifford C. Ellis, M. D.
Physician to the Chicago State Hospital

The present methods of diagnosis and classification of mental diseases in the state hospitals of Illinois were adopted on March 1, 1908, soon after the State Psychopathic Institute was established on the grounds of the Kankakee State Hospital. The functions of the Institute are to prosecute research, instruct state hospital physicians and take care of various routine laboratory work connected with the problems of modern psychiatric diagnostics. The classification now used throughout the state follows that of Kraepelin, as modified by Adolph Meyer.

With the creation of the centralizing Board of Administration at Springfield in 1909, the state hospitals of Illinois have received management along uniform lines. The uniform method of classification fitted naturally into other uniformities. Up to that time the various hospitals exercised their own ingenuity and individuality in grouping mental cases. These systems varied very often with the preference a managing officer would exhibit and showed the impress of various schools of psychiatric reasoning. Today the records in state hospitals are quite strictly comparable. When a patient comes to one institution, after being in another, it is customary to request a summary of history, physical and

*Read by invitation before the Illinois Homœopathic Association in Annual session at Chicago, May 13th, 1915.

mental findings and the staff meeting conclusions, and weave these into the new presentation of the case. Another factor toward uniformity is the frequent interchange of hospital physicians.

As a physician enters the state service, either as intern or as assistant physician, he is immediately schooled in the methods of examination and diagnosis of mental diseases by listening to the older members of the staff, who bring before the whole staff, each morning, a series of cases, usually of varied mental pictures. Soon he acquires the habit of watching cases progress and learns to check the outcome with the early diagnosis. This, in time, gives a decidedly broad point of view and also corrects the didactic, and often confusing, instruction he has received in the medical school. Interns receive short intensive courses at the State Psychopathic Institute and from time to time the head of the institute visits an institution for a period of a week or more, gives daily lectures and assists in analyzing mental cases and endeavors to reconcile old ideas and methods with modern departures in psychological thought. Great effort is made to rationalize all aspects of psychiatry. Whatever points of view are discussed, each man is expected to hold a mental reservation to prevent biasing himself in any doubtful direction.

The groups in the classification now used are so broad that it is usually not difficult to put patients in their proper category, and the discussion generally centers about individual types and finer distinctions in subgrouping cases. The groups have attached to them rather definite prognostic values, and determining where a case belongs is at present a most valuable part of psychiatric work.

By this classification mental diseases are arranged in three large classes: (A) *Disorders associated with more or less definite interference with the brain or its nutrition.* Under this class, we have (I) the *Infective-Exhaustive* group. The title is self-explanatory. This group is supposed to contain only such cases as have a known etiology and with no probability that they belong to any other group. This group is interesting to the practitioner. It comprises cases of deliria arising from other than strict intoxications, deliria occurring in pneumonia, typhoid fever, and so forth. There are other states following childbirth, hemorrhage, protracted disease, exposure or shock—physical or psychic—showing a loss of orientation partial or complete, delusions of change of identity of those about them, and other more

or less fantastic ideas concerning environment. There is usually a mutability of ideas, indistinctness of impressions with poor retention, illusory experiences, constituting a clouding of consciousness; often hallucinations of more or less terrifying nature with accompanying anxiety, agitation or depression. The tendency in this disorder is to clear up gradually, in weeks or months, upon proper treatment, with a partial or complete loss of memory for the greater part of the time. Here I mention a fact which must always be kept in mind. Infective-exhaustive states frequently are the forerunners of some very much more deteriorating or destructive mental process. The Infective-exhaustive group has ordinarily a fairly good prognosis, if no complicating troubles ensue, but frequently dementia praecox, presenile states, etc., supervene on an infective-exhaustive condition. We can then look upon the infection or exhaustion only as a phase of the disease which is establishing itself, to exhibit later its own distinctive mechanisms. Next, for classification purposes, we have a group which is termed *Allied States to the Infective-Exhaustive.* These cases seem to present a similar syndrome, but the etiological factor is missing.

Our second group under Class (A) is (II) *Intoxication Psychoses.* Subgroup (1), the *Alcoholic,* under which we have five distinct types: *Pathological Intoxication,* which is recognized as a degree of susceptibility to alcohol not present in the average individual. The individual is usually of an inferior type, not necessarily feeble-minded, of course, but with psychopathic taint. Here belong many so-called temporary insanities, many of those cases popularly described as "crazed by drink." *Delirium tremens,* which has received so much popular description, but which is seen infrequently in the majority of state hospitals. *Acute hallucinosis.* This disturbance occurs in a chronic indulger through various and little-understood exciting causes. It consists of a most vivid auditory type of hallucinosis which seems almost invariably to be of a threatening character. The victims are told they will be "cut up," "murdered," or are called derogatory and insulting names, and occasionally attempt suicide to cheat their tormentors. The voices fade gradually, as a general rule, becoming more distant and less accusing or threatening, until they cease. Occasionally the disturbance becomes chronic and affords a basis for delusions of a fixed, persecutory character. Undoubtedly the most dangerous types of individuals that state hospitals have to watch over are those classed under *Alcoholic para-*

noiac states: chiefly middle-aged men, often with families and attendant social responsibilities, who commonly develop delusions of infidelity of their wives, beliefs of the ingratitude of children, or prostitution of their daughters; who are easily incensed to extreme rage and frenzy; who flourish revolvers or knives and often kill family and sometimes themselves. If placed in state hospitals, they are active in efforts to secure release, deny all wrong doing, blame all others but themselves. They are good hospital workers but not trustworthy and are the terror of their families when at large. Lastly, we have the alcoholic who sinks into positive dementia and shows defects of memory, poor judgment, etc.; the *Korsakoff syndrome,* or the polyneuritic psychosis, chiefly alcoholic in etiology, is interesting but poor in prognosis. Completing the list of intoxications are the *Drug and Food Toxicoses.* Disturbances accompanying Thyroid mal-functioning; also, the Eclamptic, Diabetic, and Uremic manifestations.

The other large group under class (A) are psychoses associated with (III) Organic Brain Disease—diffuse and focal lesions, such as cerebral syphilis, arteriosclerosis, tumors, hemorrhage, thrombosis, embolism and trauma. *Senile psychoses. General paralysis of the insane.*

General paralysis of the insane, commonly known as softening of the brain, progressive paralysis, etc., is now claimed definitely as a syphilitic disorder since the spirochæta pallida has been demonstrated in the brain tissues of the victims. With the Wassermann test and the methods of determining increased cell counts and testing for excessive globulin in the spinal fluid, we have little difficulty in making a positive or negative diagnosis of the disease. Occasionally one has to think of cerebral syphilis, which manifests itself more especially by focal lesions, owing to the meningitic and vascular involvements. When the cells in the spinal fluid are five or more and the Noguchi-butyric acid test shows a flocculent precipitate and the Wassermann proves positive on .2, .5, or 1.0 cc. we waste little time or debate in classifying the case. Without these laboratory diagnostic aids general paralysis becomes at times one of the most elusive conditions. It will masquerade under delirious or maniacal states, depressed conditions, and often resembles dementia praecox when occurring in young individuals. If the whole mental picture is given careful consideration, however, there are always some things that do not fit into the other psychoses. In addition, if there are any suggestions of physical findings—disturbances of

pupils, alteration of knee jerks, tremors of tongue or facial muscles,—we are ready to make a diagnostic spinal puncture and Wassermann tests; and we have had most startling revelations. We find general paralysis is present in nearly twenty-five per cent of the male admissions to the Chicago State Hospital. It also is a disease affecting the individual at the zenith of his power and has proven resistant to all known forms of treatment. Although the salvarsans administered by intraspinous and intravenous routes have been used, as well as mercurial preparations in every conceivable form, yet no genuine, permanent cures have been made to my knowledge.

Under Class (B) we have what we term *Disorders of Mental Adjustment,* and here falls that large and much debated group, (IV) *Dementia Praecox.* This is subdivided into the Hebephrenic, Katatonic and Paranoid forms, though in the latest work of Kraepelin, not yet in text book form, he has differentiated eight types. We recognize the dementia praecox patient usually through his bizarre, fantastic or silly delusional and scattered mental state. The *Hebephrenic* is classically a type of patient who has lost interest in the main issues of life, and who, if he does not dement completely, remains in a let-down or indifferent emotional attitude, rudderless as to life aims, and frequently with an incoherency of thought and speech. In the *Paranoid* form there may be elaborations of persecutory ideas or rather grandiose delusions. One of the chief symptoms in both of the above forms is an auditory hallucinosis, though somatic sensations of electricity and other influences referred to environment are frequent. *Katatonic* types are remarkable, in their purest forms, for an exhibition of catalepsy, though we frequently have Katatonic symptoms in the hebephrenic and other states during some acute periods. Dementia praecox cases are receiving a vast amount of study, and opinion is divided into two schools—the one school seeing in the disease a psychogenic development, a character change or fundamental decline, demonstrating an inherent weakness which leads the individual to succumb early to stress and strain; the other school seeking to prove that dementia praecox is an infective disease, or a pluriglandular disease, in which destruction of brain tissue occurs simultaneously with the disturbance or destruction of tissue in other glands of internal secretion. Lately the Abderhalden test has stimulated work along these lines and it has seemed to indicate from the work of some men that sex glands and other glands of internal secretion, to-

gether with the brain, are involved and may form some, as yet little understood, chain of disturbance that brings about this tremendously crippling mental disease, which takes its toll from among the younger stratum of society and which is supplying the largest part of the population of our state hospitals. There has been some rather bitter controversy between the holders of different views. However, if each has correctly observed facts, the facts, no doubt, must find a common explanation. Both may be right in a degree. This group has a sub-class of *Allied States,* which includes cases presenting a marked resemblance but without the dementia.

(V.) The *Manic-Depressive* group one time enjoyed the distinction of taking in nearly all known forms of mental diseases. But today, though we recognize manic states and depressed states to be fairly frequent, yet one always seeks to determine if there is not some underlying and more important mental disturbance taking place. The striking feature about mania is the elation and the increased feeling of well being, which comes from the stimulated body tone. We do not know why a person develops manic depressive excitement. The exciting cause is not always apparent. A cyclic disturbance seems inherent in some persons. In the maniacal person, the most striking thing, besides the elation and psychomotor activity, is the distractible condition that leads the patient to pay attention to environment rather than to be engrossed in any particular fixed train of mental activity as we see them in excited states associated with other psychoses. The patient's hearing, vision, feeling, organ functions seem to be accentuated or accelerated. Though usually of a more or less jocular disposition, irritability and boastfulness are frequently seen. The true manic states are infrequent. The same can be said of the true essential depression with the characteristics of retardation of action and speech, slowness of thought, and a possible self-accusatory trend. *Mixed States* fill a group where depression and anxiety seem to be associated with motor activity or restlessness.

Necessarily we have another sub-class of Allied States for cases seemingly similar but showing different etiology, symptoms or course.

Group VI takes in the *Anxiety Psychoses* and includes a fairly large group of self-accusatory depressions occurring at periods which, in women, seem to be closely associated with the menopause and, in men, usually from one-half to a decade later in life,

indicating the decline of the physical organism. Under this heading we can also include certain agitated depressions that do not seem to come under the manic-depressive, frequently because we have no history of prior attacks, which we suspect to have occurred before this age in persons with true manic-depressive tendencies.

Group VII singles out a few forms of depression usually not so serious in their prognosis. *Simple Depression* may come from worries and troubles that beset persons and weigh on them more heavily when in states of physical inefficiency. *Symptomatic Depression* is regarded as being the direct result of some disease, such as cardiac insufficiency. *Depressive Hallucinosis* of non-toxic origin is merely a provision for a type that is not frequent, for which there is no apparent etiology and yet it has the stamp of threatening, depressing and vivid auditory hallucinosis.

Group VIII—*Paranoid* states are classically regarded as developmental changes evolving on some psychopathic soil and characterized chiefly by elaboration of persecutory ideas. The patient, without apparent deterioration in his fields of knowledge, memory and orientation, with no hallucinosis, though possibly some illusions, seems to develop a twist in his judgment fields and takes inference from many words and acts of others that fit into his particular system of delusions and which, when superficially looked at, seem logical.

Under group (C) are the *Disorders Depending upon Abnormal Personal Make-up*. Here we have epilepsy of the idiopathic type, hysteria, psychasthenia, neurasthenia, psychopathic personality, the latter including most of the perversions and the cases which seem particularly fitted for psychanalysis by the followers of the Freudian schools. Next, under the sub-class of *Developmental Defect,* we have three types—idiocy, imbecility and constitutional inferiority. In the state hospitals we are not employing the Binet-Simon tests to any great extent. They are not adapted to adults and are difficult to apply to insane cases or to those types of mental defectives suffering from a disturbance sufficient to bring them to a state hospital. The classification presented is that of Sollier. An *idiot* is an individual whose brain has suffered some gross anatomical injury, either congenital or infantile. The *imbecile* is supposed to be of purely degenerate type mentally, and frequently physically. The *constitutional inferior* is recognized as an individual whose conduct in a broad sense, rather than his lack of acquirements or inability to pass

educational tests, stamps him as an inferior individual. In this large group we recognize *Combined Psychoses,* which are not common but make most interesting cases for study when seen. The final group of *Unclassified,* takes in those cases that are recognized as being insane but do not run to type.

When a patient enters a state hospital, the physician is wholly without information regarding the case. The state hospital physicians are not called in consultation very frequently in regard to patients prior to admission. The courts transmit little in the way of documentary evidence which is valuable. These documents usually arrive late and are frequently meagerly filled out and very often are dictated solely by relatives or friends. It behooves the state hospital physician, therefore, to give close scrutiny and examination at the moment of the patient's arrival, if this is convenient, or as soon after as possible. After a bath and preliminary examination, patients are put to bed and their immediate needs attended to; as soon as possible the mental status is arrived at in a practical manner by questioning. One of the prime essentials in conducting mental diagnosis is to gain the patient's confidence from the outset. To one that will talk, we listen. Where one is active and restless, or reported as violent, we remove restraints and endeavor to show by an attitude of fearlessness and serious attention to his condition that what we are doing is a necessary service to the patient and is given in a disinterested way, yet sympathetically and with an effort to individualize his difficulties. In the general conduct of the wards, the service of the general hospital is duplicated as nearly as is practical. Female nurses are employed on both male and female receiving wards, male attendants assisting on the male side. With a great many cases arriving each month, the methods of analysis have to be broad enough to fit all cases and we do not attempt to single out many cases for extensive observation or psycho-analysis. The preliminary physical examination may lead us at once or very closely to the condition underlying the mental disturbance, in general paresis notably so, yet, as mentioned before, the protean nature of this disease often requires that the laboratory decide some points. Questions are first asked the patient to determine if he knows where he is. Then the nature of the institution is usually told him if he is not already aware of it. The reaction to this information alone is frequently indicative of the patient's mental attitude. The managing officers, when visiting the wards, are more or less formally introduced to the patient to impress him

with the feeling that he is in touch with those in charge. These introductions may also be used as preliminary tests of the patient's retentive powers, as he may be asked later concerning the names, etc. Questions regarding age, birth-place, length of residence in city, state and county, give a rude skeleton of facts on which to proceed in our further questioning and history-taking and for future comparison. Those on family matters may bring out more telling evidence than any other interrogatories. Where the effect lies deepest, we may expect to get the greatest spontaneous reaction unless, as sometimes happens, the lid of reticence is purposely held down tightly. If the patient is evidently evasive, a note to this effect is made and sooner or later these hidden fields are to be worked over discreetly. When the patient is excited and mental stream and speech are rapid, we can only give samples of the broken, interjected talk. Often the patient is mute or monosyllabic. One then has to rely on the general appearance and manner. No symptoms, no matter how frank, are to be given unreserved diagnostic value unless they form part of an unmistakable syndrome.

At present the state hospitals are conducting training schools for nurses. Each year at each hospital a small group of nurses is graduated, equipped to care for the physically ill in our hospitals. As a rule, they are also capable of acting as first assistants in observing patients when the examining physician is not present. The writer has devised a chart which enables one to keep a record of all medication and clinical data, and which has on the back space for full mental notes, the entries apposing the clinical notes of same date on the front. Here all incidents in the course of a patient's mental disturbance can be carefully recorded with technical terms avoided. No suppositions or generalities are permitted. The physician may add his own notes or, as is frequently done, digest all the records made by the nurse, add his own observations, put the proper interpretation on the whole picture and dictate these descriptions to a clinical stenographer. As soon as the patient enters the state hospital, efforts are made to get in touch with his relatives or friends and they are requested to visit the hospital at the first opportunity. We seek to secure from all who come a full history. Our informants themselves are usually sized up and a preliminary note made as to their supposed credibility, apparent mental status, etc. Then, we endeavor to construct as correctly as possible the family tree as far back as the grandparents at least, and endeavor to get some idea of the life

history, disposition, habits of the ancestors and collateral relatives. We pay particular attention to the facts that indicate or describe insanities, paralysis, strokes, convulsions, tuberculosis, gout, rheumatism, etc. We also inquire into the patient's descendants and quite frequently have them brought to us to judge of their general make-up. In connection with the patient himself, we obtain a history in narrative form and follow the chronological order as nearly as possible, commencing with conception, noting the mother's condition during gestation, parents' ages, health, etc. We then inquire as to the condition at birth, the development during infancy and childhood and the child's character. The school advantages are gone into, the amount of schooling received, the hindrances or the child's progress under normal circumstances, habits of play, sociability, tendencies and talents; puberty, with its effects on disposition; adolescence—laying particular stress upon commencement of occupation—steadiness and perseverance—the amount of sociability with the character of companions sought. Adult life is followed with further inquiry as to the occupation, success, attitude toward family and neighbors and in regard to the various general broad aspects of life. We then try to ascertain the exact time when mental changes were first noticed, or were apparent from a retrospective survey. We then try to bring out all the different changes in his circumstances, his illnesses, habits in regard to alcohol, sexual matters, etc., and general nutrition and bodily health. As the case seems to shape itself, together with the facts that we may have observed in our preliminary examination, we may then go into more specific details of character, illnesses, behavior in detail, asking of course in these particulars many leading questions. Leading questions, as a rule, however, are avoided as much as possible. It is always wise to compare stories of relatives and friends, as it is possible to have misrepresentations made.

In the meantime the physical side is being fully investigated, starting with the general anthropological data, as skeletal and head measurements, malformations, and so forth. In the skeletal structure, we may observe remains of past disease or inherent degeneracy. Thus one may see the ground work for present exhaustive states or predisposing weaknesses for other conditions. Stigmata of degeneracy may be accompanied by cerebral insufficiency from birth or may indicate the presence of a susceptibility to the breaking-down effects under sufficient strain or stress. One observes closely palates that are too high and sharp, blunt short

thumbs, hair that is thick, bristling and grows in a pompadour, or has many whorls or cowlicks; sexual organs that are infantile; undescended testicles, and so on. Under general appearance as regards past and present health, we note the general state of nutrition. An impoverished condition is often indicative of various acute mental disturbances. The question then arises, Is metabolism disturbed by existing excitement or preoccupation of the patient or is malnutrition concomitant or the underlying factor of the mental state? Occasionally you may see an enormous appetite with poor nutrition, noticeably so in general paralysis of the insane and in maniacal states. The mucous membranes may indicate anemia. We look for skin eruptions to guard against exanthemata. We look for evidences of recent or old syphilis, since general paralysis and syphilis are known to be one and the same disease. We are always on the alert to find suggestive evidences from which we can proceed to more thorough laboratory tests. The thyroid is inspected for enlargement—so-called hysterical or nervous states are sometimes due to thyroid or other internal secretion disturbance. We watch always for febrile reactions, these being common in infective-exhaustive states. One judges of the patient's apparent age, as this is quite suggestive when there are discrepancies between actual and apparent age, especially at the presenium. The next logical step is the consideration of spontaneous complaints. Headaches, dizziness, weakness are carefully gone into. Sometimes the findings are surprising. Frequently nothing is found, complaints then being but one link in the chain of mental symptoms. The chest is gone over carefully. The circulatory system receives special attention. All subjective symptoms are first elicited and followed up. Our attention may be arrested by the deep cyanosis of hands and feet, so common in dementia praecox. The size and location of the cardiac percussion area is determined, heart sounds, pulse rate, etc., noted. Blood pressure is tested. Definite connection between blood pressure and psychic states has yet to be formulated. Cardiac affections are frequently the cause of symptomatic depression, and even delirium may supervene on this state. Under appropriate treatment striking improvements or cures result. High blood pressure and arteriosclerotic conditions may perhaps account for so-called arteriosclerotic insanity with its transient confusions due to small hemorrhages, or associated uremia. Posthemiplegic insanity and dementia may be the direct result of high pressure in

many instances. High blood pressure and kidney affections run hand in hand.

Attention to the amount of food ingested and the condition of the gastrointestinal tract frequently furnishes a bearing on the character of the psychosis. Inconsistencies in eating often indicate katatonic, impulsive tendencies or obedience to hallucinatory messages. Consistent refusal of food is frequently found in depression. A coated tongue, foul breath, sordes on lips and teeth tell their own story, often of excitement and starvation, and frequently of profound toxic states.

Examination of the urinary apparatus and excretions may disclose disturbances of innervation of the bladder, or the urine may contain casts indicating very clearly some uremic or circulatory difficulty.

We do not attach much significance at present to pelvic or genital organ disturbances. However, any abnormal functioning, scars or pathology may be a clue.

Necessarily the nervous system demands extensive examination, yet very frequently mental cases show absolutely no gross disturbance of any nervous structures. Investigation of special senses may either show focal symptoms or indicate mental hebetude. The retina receives especial attention. Examination of the cutaneous sensibility brings focal lesions into relief very markedly sometimes or may surprise us with the findings of hysteria with the classic regional anesthesias or hyperesthesias. Deep sensibility tests disclose any tenderness of nerve trunks or muscles; any disturbance of coördination; of pressure and weight senses. These are very important fields to investigate. In the polyneuritic phychosis (Korsakoff syndrome), muscle tenderness and paralysis are presumably always present, but we are beginning to recognize that there are certain mental pictures identical with that in the Korsakoff syndrome, although the physical findings are not necessarily always present. Coördination tests are big clinical helps in diagnosing general paralysis. Disturbances of the cranial group of nerves supplying the pupils, eye muscles, facial muscles and muscles of articulation are also important. The pupils frequently betray the presence of some abnormality. Sluggish, unequal or irregular pupils are rather common accompaniments of general paralysis. They may also be present in alcoholic conditions. We find the fine tremors of upper facial muscles in alcoholism. We find tremors of the lower facial muscles in general

paralysis, lead encephaly, etc. Disturbance of the palpebral muscles may indicate thyroid disorder.

Articulation is one of our chief diagnostic tests. Defects are very common in general paralysis where peculiar slurring, and elision of syllables are quite characteristic; tremor of tongue when protruded slowly is also indicative. The spinal group of nerves when impaired show disturbances of gait or handwriting, of the ability to dress and undress. A patient is always required to walk and samples of writing obtained for our records. Twitchings, tremors, etc., are all investigated. The deep reflexes, especially the knee jerks, are important. A floppy, extensive knee jerk is common in general paralysis. Knee jerks are frequently abolished in taboparetic states. The extension of the big toe caused by stroking the plantar surface, the Babinski sign, is uncommon in paresis but almost invariably indicates some other pyramidal tract involvement. Convulsions receive written descriptions by whoever observes them.

All state hospitals are equipped with first class laboratories, where routine examinations of urine, blood and spinal fluids are done. The Psychopathic Institute performs Wassermann tests.

I will recite a brief description of our mental examination in addition to the remarks already made. In endeavoring to work up cases for presentation to the Hospital Staff, it is our object not merely to fix a diagnosis but to collect information and to state in fairly simple language the facts that are apparent. The great advantage of state hospital work lies in the opportunity we have for observing patients over a period of time and not attempting a diagnosis by a strictly cross-section method. The accentuation of symptoms or of ideas on one day or another might lead the examiner to an entirely erroneous opinion if time did not show some more than counterbalancing symptomatology. It would be more interesting to give you case histories, but time will not permit. In examining a patient we force ourselves to observe the following:

Does the patient grasp the situation or adapt himself to his new surroundings? If he does, it quite clearly rules out any present clouded state of consciousness. If he is attentive to his personal wants, he cannot be in extreme dementia. He may show times when he is elated, active, talkative, distractible. This, of course, would lead one immediately to consider manic-depressive or general paralysis. He may assume postures, have mannerisms of action or speech, be silly, scattered, fantastic in his delusions.

Immediately one thinks of dementia praecox. If the patient is capable of a spontaneous consecutive thought, we record this. If not, we endeavor to bring him out by general questions as by determining his name, occupation and his own account of his trouble. We may at once stumble on to a delusional trend. It may be against his wife or family. One immediately thinks of chronic alcoholism. It may be of outside influence, feeling of electricity, with the use of coined words, and response to auditory hallucinations—dementia praecox comes to mind. It may be an entire fabrication, the patient telling us what happened this morning or yesterday in a circumstantial, matter-of-fact way, indicating the possible presence of a Korsakoff psychosis. We may elicit nothing but silly laughter. We think again of dementia praecox. There may be confidences poured into our ears of millions, great schemes, etc., and general paralysis would be indicated, but mania not lost sight of. We see frequently, especially among females, the scolding, suspicious, irascible type, the attack coming on in the fourth or fifth decade. This is usually regarded as a late development of dementia praecox, frequently of the paranoid form. A patient, especially a male case, may show suspicion, depressed or evasive manner and will finally admit that he hears voices saying that he will be killed, murdered, etc., or bears self-inflicted wounds or other evidence of suicidal attempts. These are frequently the disclosures that lead us to the diagnosis of acute alcoholic hallucinosis. Patient's inability to know where he is, what the date is, etc., may form a part of the picture of general paralysis, may point to an infective-exhaustive state, or may indicate the presence of a serious retention and memory defect which is present in senile dementia. Again lack of attention such as occurs in dementia praecox may be the real explanation of the disorientation. We endeavor to get some of the patient's data of personal identification, and compare this with the anamnesis. To test memory of the recent past we inquire if the patient remembers his last meals or their contents; if he can supply an account of recent happenings, as this would give us indications as to fabrications, or disturbed states of attention and retention. We go into the patient's stock of general and school knowledge to determine whether his present stock compares at all with what he is supposed to have received in his education, or if his mind is so confused or demented that the most common facts are displaced. The patient is asked to count, say from one to twenty and backwards. Another good test is subtracting seven from one

hundred and continuing down; also getting the patient to count a few coins; or if he has been an expert in mathematical lines, raising the examination to his former plane of accomplishment.

One of the most important features in the patient's case is the insight that he has into his own condition. Patients without any insight whatever into their condition are regarded seriously, as a rule, unless they be of transient types that suffer from a clouding of consciousness. The maniacal and depressed cases frequently have good insight or gain it fairly rapidly at the commencement of convalescence, likewise the alcoholic hallucinosis and delirium tremens cases. The dementia praecox individual sometimes has a partial insight.

In the end we summarize the whole case and endeavor to bring out the salient points, in the order of their importance. I have emphasized the physical side of the examination, as I think that it is most important for the average practitioner to bear in mind that the insanities are not diseases utterly cut off from his own diagnostic methods, for in judging the mental spheres sometimes one has to be trained and skillful enough to understand the mechanisms that bring certain evidences to the surface. Speech and conduct are but the outcroppings of the mysterious adjustments that the patient is making within himself. We have no power of reading the patients' minds. We have no machinery that will detect mental currents. What a patient says or does must be interpreted in the light of the physical findings and the whole mental picture, including a history of the past. Another most important view to take of the case is that mental diseases are usually determined as to type by the original type of the individual. We expect persons of seclusive, idealistic and non-practical types to develop—say hebephrenic dementia praecox. We find that the easily depressed or excited and volatile individual is the one who is apt to develop manic-depressive insanity. Why syphilis brings on general paralysis in one case and does not in another is yet beyond our ken. We find excitable types and depressed types among the paretics in their acute stages, usually corresponding to the type of character of the man before his mental trouble began.

It is customary in the state hospitals to allow cases to go for several months after they are first presented at the staff clinic, during which period they are closely observed, and at the end of which all debatable cases are gone over again very carefully, resummarized and re-presented before the whole staff of physi-

cians. This process occasionally is repeated when interesting developments come up or suggestions have been offered for further study.

In conclusion, no diagnosis of a mental case should be forced, that is, one should not always feel it necessary to put the case into some group or class definitely. There are many individual variations of type, and nothing suits the purpose of the hospital or of the outside public more than to have a careful analysis and history of each case written, not in a routine way, but individualistic. No two cases, perhaps, will respond alike to environment or progress equally in deterioration. When the question of parole or discharge comes up, we must know facts as to the patient's past reactions in order to judge his future. It is disregard of facts in individual cases that results sometimes in errors that have thrown a reflection on the whole care of the insane, for there are thousands of insane individuals in the world who suffer a great deal more restraint and more neglect than is necessary through the untoward acts of a few active and viciously inclined insane patients. The work we are doing on our cases is work not thrown away. It becomes the property of the state, and is placed in the library of the institution. It is ready for present use and for reference by future generations who may be able to look back upon our simple, unbiased accounts in these case histories and throw most illuminating interpretations upon them.

The "Save the Baby" poster which the Department of Health has issued makes plain that the "long tube nursing bottle and pacifier" are baby killers.

The druggists over the city posted this placard and are actively trying to prevent the sale of the "pacifier," the unsanitary nursing outfits and soothing syrups containing opiates.

However, it has come to the knowledge of the Department that a few druggists object to the condemnation of the "pacifier" and "long haul nursing bottle," because they make a profit upon the sale of these baby killers. Of course, this is the attitude of only an occasional dealer. The druggists, as a profession, do not hold a few cents profit as of more importance than the life of a baby.

These "pacifiers" and "long haul nursing tubes" do kill babies and the dangers of their use should be explained to every mother who asks for them. The long tube cannot be kept clean inside, and after once used, contains germs that poison the milk drawn through it. The "pacifier" becomes germ-laden and poisonous to the baby.

THE BIOLOGICAL CO-RELATION OF THE LAW OF SIMILARS*

By Ralph R. Mellon, M. Sc., M. D., Ann Arbor, Mich.

My sole intention in pointing out some biological co-relations of the law of similars is twofold: First, to show that we are not wrong in defending this principle until such time as it meets adequate recognition; Second, that we are wrong when we neglect to develop those branches of knowledge which are almost conditional to its most perfect application.

If this principle is a broad one, as we believe it to be, it must have a far reaching co-respondence with many other laws in our universe. This is so fundamental that it requires no elaboration. It is perfectly logical then, that because of its ramifications we cannot isolate it, and he who would make the attempt only becomes ridiculous.

We believe it to be the safest and best therapeutic principle in existence. Even so, we have seen it fail in enough instances to wish many times that we had a better guide. I do not intend to discuss the many factors which might enter into an answer to the query, "Why do prescriptions so often fall short of the mark?" I merely want to impress on you my first contention that we hit often enough to know that we have something which is capable of infinitely more development. I do not wish at this point to enter into a polemic with the man who has never lost a case, or who has cured 99 per cent of his curable cases.

It is practically certain that Dalton as a result of his study of Isaac Newton's works, conceived the atomic theory of chemistry in his own mind without a shred of experimental evidence. He then proceeded by deduction, made surprisingly few experiments, found that they corresponded to his preconceived ideas, and one of the most beautiful and useful classification systems ever evolved by the mind of man was fairly launched.

Those of you who are at all familiar with relatively recent developments of chemistry know that van 't Hoff's generalization regarding solutions is the greatest ever made in this field. This discovery of regularities came likewise as a result of very little experimental evidence, although subsequent work has corroborated this observer's work. Surely Hahnemann as a scientist does not suffer by comparison with these men, when one considers that

*Bureau of Homœopathy, A. I. H., 1915.

he worked for fifteen years to validate his hypothesis before publishing anything.

Just what are some of the co-relations of the law of similars or its application?

First: The theory of electrolytic dissociation. This theory states that certain substances in dilute solutions are split up or dissociated with a result that, from a physical and chemical standpoint, the solution is much more active. The further a dilution is increased, the more active chemically it becomes, until a maximum is reached, i. e., until the substance is completely dissociated. The chief difference between a dissociated and non-dissociated atom is the charge of electricity carried by the former. For example, an atom of sodium carrying a unit of positive electricity is something wholly different from the metal itself. The addition of this electricity changes its properties fundamentally, and it is justifiable to consider the sodium ions as allotropic modification of the element in the same way that graphite, charcoal and diamond are allotropic modifications of the element carbon. It is superfluous in a gathering of this kind to point out the relation of this proposition to homœopathic therapeutics. In justice to the theory, it should be mentioned that not all chemical compounds are capable of dissociation, and likewise, we know that not all remedies can be successfully diluted.

Second: The subject of colloidal chemistry is so interesting that I am constrained to draw a parallel between the action of colloids and homœopathic dilutions from a somewhat different standpoint than the above.

It is of course well-known that certain metals and other substances that are insoluble in water can be suspended in such finely divided condition that the particles do not fall to the bottom of the liquid. An element thus finely divided is said to be in the colloidal condition. These particles are ultramicroscopic, but can be observed, by the ultramicroscope of Siedentopf, as shining diffraction discs, in vigorous brownian movement.

If we now consider in what respect the particles, for instance, in the colloidal solution of platinum prepared by Bredig's method, of an arc between platinum electrodes under water differ from an equal amount of the metal in the form of sheet or wire immersed in water, it is plain that it consists in the relative enormous development of surface in the former case. According to Siedentopf and Zsigmondy, the particles in certain colloidal solutions of gold have a radius of one millionth of a cm.; a sphere of gold with a

radius of one mm. if divided into particles of these dimensions would have a surface of some 100 square meters.

Enzymes are colloids, and although they have not as yet been demonstrated to have definite chemical constitution, they have a very strong similarity in their action to bodies in inorganic chemistry known as catalyzers, and those do have a definite constitution.

The two cardinal characteristics of both enzymes and colloids are: First, their marvelous acceleration of chemical reaction; and second, the fact that at the end of that reaction, they remain unchanged. We understand in some cases the cause of these accelerations by minute quantities of a known chemical. The action of electrolytes on colloids (enzymes) is interesting. Ptyalin action is almost *nil,* in the absence of Na Cl. And Bordet has shown that agglutination does not proceed in the absence of this salt. Pepsin is inactive without hydrion. Amylase of the liver is completely inert without the presence of the neutral salts.

Third: But in the science of immunity one can find constant illustrations of the law of similars. Vaccines and serums can surely be considered as good homœopathy. The gulf between true therapeutics on the one hand, and diagnosis and pathology on the other, has been bridged by the science of immunity. This bridge may not be visible to every one, but surely even the casual observer can make out a span or so in the uncertain light projected by medical evolution. I might say that the science of immunity is the meeting ground for pathology and therapeutics. Its development must demonstrate the futility of attempting to use the microscopical tissue lesion as a guide to prescription, but it will also show us why attempts at prescribing for some things is also futile.

My thesis is: Pathology has been inimical to homœopathic therapeutics because the former contended that its findings could be used as a guide in prescription. Immunity, although a development of pathology, goes behind the microscopical lesion, and its province from a practical standpoint is in no way connected with visible cellular pathology. In this respect it touches very closely on the sphere of action of the law of similars.

The process of immunity does not produce tissue damage, and the vast majority of all immunity reactions do not produce changes in the organs recognizable with the microscope. Concrete examples of this contention are on the increase. The most classical, of course, is the evolution of tuberculin therapy. It is so

well known that I hesitate to bore you by reference to it. You are all familiar with the damage it did when given in the hope of mechanically evacuating the lesion as one might use a cathartic. This was Koch's idea, and was based on the areas of coagulation necrosis produced by injection of the tubercular products. And it is the commonest of knowledge that the therapy of today precludes any reaction by ordinary methods. The dose used is entirely subphysiological in the commonly accepted sense of the term.

And of equal importance is the introduction of the principle of sensitization, in the sense of Bordet and Ehrlich, into typhoid therapy. The live organism is treated with an immune serum, which is later washed off, and the organism so sensitized is injected without further treatment. The antigen has united with its antibody in the immune serum, and the neutralization of its toxic portion prevents the local and constitutional reaction which has been a prominent and distasteful feature of the disease. The degree of immunity produced is much greater both experimentally and practically, than by the other method. Gay goes a step farther, and extracts the non-immune portion with distilled alcohol leaving only the immune part, which he claims produces even a better grade of protective power.

As the science develops, these instances will multiply. It has occurred many times to me in my experience with vaccines that the immunity so desired was produced in spite of the reaction, rather than because of it, and as methods of preparing vaccines are perfected, we must undoubtedly eradicate the negative phase proposition of Wright. In vaccine therapy, the negative phase is identical with our dose of a remedy which causes an aggravation of the symptoms. And I have the temerity to believe that in the future, developments will show an absence of reaction of any kind after the administration of vaccines. Such dosage will be very much like what we now use, and whether the newer methods will be more effective can only be answered by the future.

The law of similars is a broad biological generalization, application of which has been successfully made for more than 150 years. Many researches from modern science corroborate the validity of this idea, rather than disprove it. This is perfectly evident to anyone who has given the matter any thought at all. Because the law of similars does not hold with the mathematical accuracy that is expected by some is no reason for loss of faith in regard to it. Many of the laws in the supposedly accurate sci-

ences are by no means applicable under all conditions. Permit me to refer briefly to the gas laws, viz., those of Boyle and Gay-Lussac. The former states that the volume of a gas varies inversely as the pressure when the temperature is constant. Formulated,—pv equals K. T., when p is the pressure and v is the volume; K is a constant, and T is the absolute temperature. Concretely, when one doubles the pressure, he halves the volume. This sounds as concise as 2 times 2 equals 4. Exactly 4 and not a fraction above or under 4. A closer investigation of the facts in the case show that the variation from this generalization is considerable, for reasons which are quite obvious. A little reflection will enable one to see that a gas is much more compressible when near its point of condensation, and not compressible enough when under high pressure.

This proposition can readily be proven by subjecting gases to varying pressure. Instead of the volume into the pressure being a constant, the curve when charted shows nothing like that. So, although from a practical standpoint, the gas laws as formulated did apply in most cases, yet in many they were inaccurate. A correction in them has been introduced by Van der Waal which has made them much more accurate under both low and high pressure, but from a strictly mathematical view point, they are not infallible yet, and probably never will be.

So the law of similars or any other biological law will be only a broad generalization, and infinitely more so than the cited parallel, for the very simple reason that we are dealing with a large number of factors, only a few of which we can apprehend. One may gain some appreciation of this fact by considering a single biological reaction, the Wassermann, or most any serum reaction. Application of scientific methods for the quantitative estimation of antibodies approaches mathematical accuracy. In the minds of some, the results are nearly absolute, but such convictions are usually reached by the uninitiated. Serum reaction can be accurate only in a certain per cent of cases, and in many instances must only be regarded as symptoms which should be incorporated in the entire complex before we are able to arrive at correct notions.

Guinea pig serum which contains the activating something which makes possible the well-known phenomenon of hemolysis in the Wassermann reaction, can be entirely inactivated by shaking it vigorously. This has been found to be due to the old, old physical phenomenon of surface tension, and the addition of anything which lowers this tension, prevents activation. This merely

illustrates that in such a well-known test, we are dealing with many factors the significance of which we are just beginning to realize. Again this reaction, like all others when first discovered, was supposed to be specific. We know now that it is far from being so. The Abderhalden test for pregnancy supposed by him to be specific will eventually be shown not to be so.

But even though the law of similars has served us so well, it does not follow for a minute that its applications cannot be amplified and improved. Conservative vaccine and serum therapy are scientific developments of the law of similars, and in this new science, we are approaching nearer ultimate causes in a biological way than we have ever gotten before. Some work has been done in bridging the gulf existent between the antigenic powers of inorganic and organic chemical compounds and those of bacteria. Only a start has been made in this direction. But from the instances cited where homœopathy touches on so much that is being done in science today, it seems more than ever imperative that our colleges and our hospitals scattered over the country should have pathological departments where the material in those institutions is utilized for studying the phenomenon of immunity and thus improving the homœopathy that we have today. If homœopathy is so intimately connected with immunity and the processes of physical chemistry and the sciences which are fundamental to it, a greater responsibility devolves upon us than we seem to have realized. If we are to progress in the applications of our law, why is it necessary to wait until the opposition works out methods that we shall later be compelled to appropriate?

At certain times, I am privileged to visit large and prosperous homœopathic hospitals in our cities. It is with a great deal of regret that so far I have been unable to find well organized laboratory departments. Cities like Rochester and Buffalo, N. Y., and many others where homœopathy is strong should have laboratory departments in their hospitals with enthusiastic, ambitious men grappling with some of the thousands of problems that confront us today. Such departments should have a pathologist, a bacteriologist, and a biological chemist all coöperating in the routine work of that hospital and thus serving the patient and the clinician. They should also be doing the larger work, viz., the utilization of the cases for the study of medical problems and for a thorough testing out of our homœopathic drugs with the many methods which are at their command. To be concrete: What an opportunity for the investigation and study of that bugbear of

medicine, idiosyncrasy,—drug allergies, food allergies, pollen allergies, as we are prone to style them now. We are no longer so totally ignorant regarding idiosyncrasy as we once were. An extremely interesting case of food allergy is reported by Schloss in the *Medical Record* of 1912. His experiments were reported on a boy patient seven years of age. When this patient was 10 days old he was given some egg-white for diarrhea, with no ill effect. The second time that the child ingested egg, months later, he developed urticarial lesions around the mouth, swelling of the buccal mucosa and vomiting. The child became comatose, and fear for his recovery was entertained. Since that time the slightest amount of ingested egg sufficed to produce urticarial wheals around the mouth, with swelling of the buccal mucosa, and occasional vomiting. Here then, was a case of marked idiosyncrasy to egg following an initial sensitization of the organism. In addition to his hypersusceptibility to egg, it was noted that this child was also hypersensitive to almonds and oatmeal. Schloss' experiments were chemical, biological and therapeutic. He succeeded in demonstrating that it was the ovo-mucoid in the egg-white to which the child was most sensitive and the proteose of the almonds and oatmeal.

With the blood serum of the patient, he was able to produce anaphylactic phenomena in guinea pigs by injections of solutions of ovo-mucoid. Of great interest, however, was the fact that with dilute solutions of ovo-mucoid, almond and oatmeal proteose, he was able to provoke urticarial lesions in the patient by abrading the skin by means of a Von Pirquet borer. These reactions Schloss showed to be entirely specific. Of still greater importance, certainly from the standpoint of the patient, was the fact that by administering very small gradually increasing doses of ovo-mucoid in capsule form, Schloss was able to immunize the patient absolutely, so that at the present time eggs in any form are tolerated. It is of peculiar interest to note that this treatment also established complete immunity to oatmeal and a lessened susceptibility to almonds.

Such work as this requires men who have devoted much time and study to their subject. The work is intimately related to the best homœopathy. Why should our opponents have investigating staffs in their hospitals, large endowments, etc., while we do almost nothing of an advancing nature in the work so akin to our guiding star? I consider these questions as vital ones, questions that must be dealt with, and the obstacles they represent over-

come, if our school would continue to be a factor in medicine in this country. We have talked a lot in the past, and are yet talking about drug proving. I should like to restate my convictions which I have so often expounded. Vague ramblings and dreams, and ruminations about drug proving never accomplished anything, and although this aspect of my paper has been placed last, it must be the *alpha* practically, or all the papers we read and all the talk we do and all the beating of the air about the law of similars will scarcely repay us for the time we spend.

A man, not of the common clay,
But who had dreamed his life away,
Conscious of kinship with the great,
Knocked fearlessly at Heaven's gate;
Admitted there, he straightway caught
The circle of those minds whose thought
Had been his own. Not recognized
By those whose company he prized,
Disconsolate, he went away.
And then he heard an angel say,
"Here, as on earth, you find yourself alone,
Because by works, not thoughts, the man is known."

Discussion

Dr. John Mallory Lee, Rochester N. Y.: You are trying to put homœopathy in the foremost rank, and in my judgment the first thing to be done is to revise the *Organon*. It is now a textbook in every college and in every land, and it is full of mesmerism and things that are not true. It treats of the millionth potency—I do not want to precipitate a potency discussion, but that book talks about the millionth potency. Mr. President, you would not live long enough to make the millionth potency. There are not now, nor has there ever been, any such attenuation. There is not water enough in these inland seas to make a millionth potency. The first thing this Institute should do is to revise the *Organon*, and put it on a scientific basis. You say if you start that, you will stir up the two wings of the school. That is not true. The Hahnemannian end of our school is just as anxious as we are to see that book put on a scientific basis. Now I hope some one will start the ball rolling and some of the distinguished men who are so well qualified to revise the *Organon* will get busy at once and have that obsolete book put on a scientific basis as Hahnemann would have done years ago were he still alive. We must get rid of the idea that the *Organon* is a book that cannot be disturbed. Let it represent what we represent. Let those who want the right thing done join with us. Away with the doctrine that it is a divine production. Nothing is divine in medicine.

Dr. John F. Edgar, El Paso, Tex.: "Vaccines and serums are good homœopathy!" Homœopathy is a law of nature, not a theory, nor an experiment, nor kaleidoscopical theories, as is the practice of allopathy. These workers take an animal and make it sick and then inject the

serum of the animal into human tissue and make that sick. They term this "scientific." Consider all the fad kaleidoscopic modes and theories. Read the *Organon*. If you comprehend the truth of that *Organon*, you need not run after some fad theory of practice.

Dr. Donald Macfarlan, Philadelphia: Yesterday I was talking to Dr. Gilman of New York City about a method I had tried in diabetes. I had several cases and they did not do well with the indicated homœopathic remedy; considering, however, that the urine was pathological, back of the disordered renal state, I incriminated *pathologic blood*. This blood was abstracted, dynamized in distilled water and given in treatment. The diet was sensible, but there was no curtailing of the dietetic sugars and starches. Urinary examinations were made not only by myself but were also made by an expert in this line, to serve as an exact control on any slight error I might make.

The last case I cured was that of Dr. W. D. Garvin of Bethlehem, Pa. He once told me that should I ever care to discuss his case I would kindly give his name and full particulars.

Dr. Garvin, about a month ago, had noticed that he was getting up too frequently to void urine, and had a generalized pruritus, was losing strength, etc. I dynamized the blood to the 9th or 6th x,—I forget exactly which. An ordinary lancet is used in the blood-letting from the finger. It seems best to let the blood drop from the wound directly into the menstruum-to-be,—distilled water. In succussing, do it violently by hand about 300 good raps before advancing to the next dynamization, because it is the intra-molecular force which holds the atoms together that is going to cure the disease. After you have dynamized to the suitable potency, mix the same with ten times its bulk of alcohol and then medicate pellets with this.

Dr. Charles E. Wheeler, of London, seems to think highly of the method. He recently had a case of sarcoma, which was presumably past the stage where the knife was of use, and has given this patient his blood in potency with splendid results. Sometimes you should dynamize each week afresh, as the character of the blood rapidly changes. A good routine practice is to give the remedy every two hours.

Dr. A. E. Hinsdale, Columbus, O.: I had some experience in the use of metals in their colloid state. It was a case of paralytic dementia, a disease we commonly regard incurable. The accentuated ego which is so characteristic of this disease finds a characteristic in platinum. So I gave the patient platinum in various potencies for a month and he grew worse. Then I took a colloidal solution of platinum, diluted to the sixth decimal. The patient was kept on the 6x dilution of colloidal platinum six weeks and there was improvement. The mental condition was better. Improvement was manifested under the 6x, then the 12x and finally the 30x. The patient was not entirely cured, but there has been considerable relief and the disease has been held in check. I would suggest to those who know of nothing better for paralytic dementia to try colloidal platinum. The colloids of metals is a field which promises considerable opportunity.

Dr. Wood: Is benzol homœopathic to leukemia, or to Hodgkins' disease?

Dr. Guy B. Stearns, New York City: We need some one to interpret the *Organon*, rather than revise it. There is one great negligence among the workers in the laboratories. They do not associate with themselves men who know how to develop the subjective side of laboratory work. All provings made by the old school are of no use to the man who wishes to prescribe homœopathically. There is much to be learned from men like Dr. Cooper. He observed that one of his patients could never eat onions without becoming ill. He saw in this patient a suitable subject for a proving, and selected ornithogalum, one of the onion family, for the experiment. The patient developed symptoms of gastric cancer. Provings of the same plant on unsusceptible individuals have led to no results. Cooper's observation has led to the cure of many desperate cases resembling cancer of the stomach, with ornithogalum. Such facts give the laboratory provers a hint how to utilize idiosyncrasies.

For a long time I have studied to know why we sometimes get bad effects from vaccination, and I believe it is because the blood was not prepared by nature successfully to cope with substances introduced into the blood directly. Vaccines are complex substances, and though some portions of their substance may arouse protective reaction, other portions lower resistance in other directions. Abderhalden has shown how all tissues have protective ferments that neutralize substances with which they come in contact. These ferments are highly developed in the alimentary canal, and the mucous membrane of the whole digestive tract selects from substances which come in contact with it, those parts useful to the rest of the body, and neutralizes the others. From the standpoint of the normal provisions of nature, the safe method of remedy-administration, whether for protection or curative purposes, is by mouth. Any direct invasion of the blood is an accident, and the blood is forced to accept for neutralization that which is harmful as well as that which is helpful. Antityphoid vaccination protects against typhoid, but I have known it in some instances to do much harm.

Belladonna has unquestionably acted prophylactically against scarlet fever, and melandrinum against smallpox, and I have never heard of either drug doing any harm when used in that way.

Our laboratory men have a great opportunity to develop curative and prophylactic methods along natural lines which are lines of absolute safety.

Dr. Abner Downer, Princeton, Ill.: The intelligence of this country is largely homœopathic. The trouble is we cannot agree among ourselves. The old-fashioned law, similia similibus curentur, is good enough for all of us. Experience wherever a fair trial can be had will prove my statement.

Dr. A. L. Smethers, Anderson, S. C.: Why allow the old school to demonstrate the law of similars? It is our possession. It is high time we should begin to do something, and not just talk about the things that happened years ago. Hahnemann was a hundred and fifty years ahead of his time. It is no tribute to him to say we will stand still and

live as he lived. If he could look down on this body today, he would say, "Get busy. Go to work and prove that my principles are true."

Dr. Harris H. Baxter, Cleveland: Some years ago a writer advocated that the study of materia medica should be along the same lines and precisely by the same methods by which diseases are studied. We are confronted by much the same condition that confronted Hahnemann when he attempted to establish the principle of similars. He had to construct a new materia medica, and was obliged to make provings in order to do it. In order to establish a perfect simillimum, it is not sufficient that the symptomatology of the medicine is similar to the symptomatology of the disease, the pathology of the drug must also correspond to the pathology of the disease. Homœopathic therapeutics is in process of evolution. It is not to be wondered at that a degree of impatience is felt that this evolution cannot be accomplished at once. It is being accomplished rapidly, as evidenced by the papers at Atlantic City last year and the character of the papers being presented now. The character of the paper to which we have listened indicates progress.

Dr. Mellon (closing the discussion): I have been very much interested in the variety of discussion evoked by this paper, but there are some points to which I would like to take exception. Dr. Edgar makes the statement that vaccines are the practice of allopathy. I do not understand whether he means that they are not homœopathic, or whether they have been gotten out and used by the old school. In case he means the former, I must take amicable issue with him. I think that if any of you will investigate these things, you will see that they are absolutely homœopathic in every particular. The fact that they were gotten out by the old school makes no difference to us. I would like to ask whose fault it is that they were originated by the old school. We had the opportunity for many years. They have done more than we to formulate these things. I am speaking generally of vaccines and serums. I claim that if we had had men who were bacteriologically informed years ago, we could just as well have originated vaccines as Sir A. E. Wright of London. So if they are the property of the old school, it is our fault.

I was pleased with Dr. Lee's remark that there is no divinity in the *Organon* (unless one wishes to take a pantheistic view). Some like to revel in mystery. To be submerged in it soothes and rests them. Any form of treatment that is inscrutable suits their mystic temperament. We all know doctors who hold their patients in just this way. Medical mysteries should be interesting only for the possibilities of solution which they inspire. Poverty is said to be a good thing, but it is not desirable as a state of being, but rather as an incentive to progress. I like to regard medical mysteries in some such light as this. For that reason I do not like to ascribe divinity to the *Organon* or more than necessary mystery to the mechanism of the law of similars. Such a spirit is not favorable to investigation. It smacks too much of the supernatural, of the transcendent. It defies analysis. Epidemics like the Black Plague were formerly supposed to be manifestations of divine Providence, and hence were considered beyond explanation. How foolish such things seem in the light of bacteriology.

Dr. Macfarlan's discussion was rather interesting, and I am interested in his work. It is so unusual that a person is apt to look on it with a little suspicion at first, but in medicine, of course, all things are possible, and if this work is valid we should be glad to corroborate it and give him credit.

In answer to Dr. Wood's query regarding benzol, I think that it is used more in leukemia than in Hodgkin's disease, but results have been unsatisfactory. A person with acute leukemia is given benzol, and the spleen decreases in size, but, notwithstanding the apparent benefit, the patients often die very suddenly. Benzol is being examined in regard to its effect upon the bone marrow, in which it has given rise to an aplastic anemia. It seems to me that it is not safe to use it, in the dose in which it is given.

I cannot cover all the points brought out, but one question was asked in regard to what the old school has done by scientific investigation, particularly in a therapeutic way. That would be a long story, but if one follows continuously the literature, and has had any laboratory experience himself, he certainly can see a lot that they have accomplished; for instance, in typhoid fever. It will be illuminating to read the report of the British army and the army of the United States. This work has been *controlled* clinically, because work that is not controlled is absolutely valueless. They do not claim to reduce the mortality to zero. I do not need to tell you about the results of antitoxin in diphtheria. Any one in this age who will decry antitoxin in diphtheria, I am frank to say, I do not believe has made himself familiar with the facts in the case. It has been one of the really wonderful things that has been discovered, and although you will find one here and there who loses a case, you can find thousands who will bear testimony to its curative value.

Serum has done a great deal to reduce the mortality of rabies. Anyone who reads the medical journals in which these cases are reported cannot help being impressed with the fact that something is being accomplished.

I do not like very well to see unjust criticism of this work. I do not believe that one who has had no laboratory experience should be too dogmatic in discussing the work of a laboratory man. We are frank to admit that after certain injections of antitoxin the patient did die. Should that fact cause antitoxin to be abolished as a remedy in diphtheria? Not at all. The proposition was approached in a scientific way, and the result was the discovery of anaphylaxis, one of the most momentous discoveries because it opens up so many avenues for medical research. If it had done nothing more than throw light on the subject of idiosyncrasy, it would be a great deal.

I have heard worthy men give vent to editorial comments in medical journals as well as in this gathering in the following vein: "Why should a man investigate the size of a molecule or something else of no practical importance?" Those who give utterance to such statements seldom realize that they are "telling on themselves." To answer such a question requires much more time than we have at our dis-

posal, and it is very doubtful that such a thoughtless type of question could be answered in a manner satisfactory to its donor.

I would suggest that such persons approach almost any science from the historical standpoint, and they will undoubtedly note that its borders are advanced in ways of which they had not dreamed. An appreciation that ore must be mined before it can be refined would clear their perspective. Most discoveries are not premeditated as such. Discoveries of the most practical and fundamental value are often the unexpected result of the investigation of phenomena of apparently trifling moment.

Who could have foretold that an attempt to explain the cause of an occasional death from diphtheria antitoxin should eventuate in the unearthing of so fundamental a principle as anaphylaxis? Who could have foretold that Newton's attempt to explain a very commonplace incident would have resulted in the discovery of a most fundamental law of nature? Who could have foretold that Franklin's kite would have shown him the way to such an all-important source of energy as electricity?

The history of the evolutionary character of medical advance is precisely along the lines that other sciences have advanced, and the history of individual advancement has been about the same as that of the race.

VOCATIONAL HOMŒOPATHIC MATERIA MEDICA*

By William F. Baker, A. M., M. D.,
Lecturer in the Department of Materia Medica and Therapeutics,
Hahnemann Medical College, Philadelphia, Pa.

When I speak of "Vocational Materia Medica," I refer to that method of finding a remedy suitable to a case of illness where that case requires a medicine. This method applies to the whole medical and surgical art, or, as Dr. Oliver S. Haines expresses it, "not to a few doctors who choose to specialize in homœopathy, but to the whole profession." Therefore, it should permeate and be a part of the whole curriculum; for, as gathered by statistics, the indicated remedy is used in 89% of all cases treated by our profession, allowing 11% for surgical and obstetrical cases where no remedy is used.

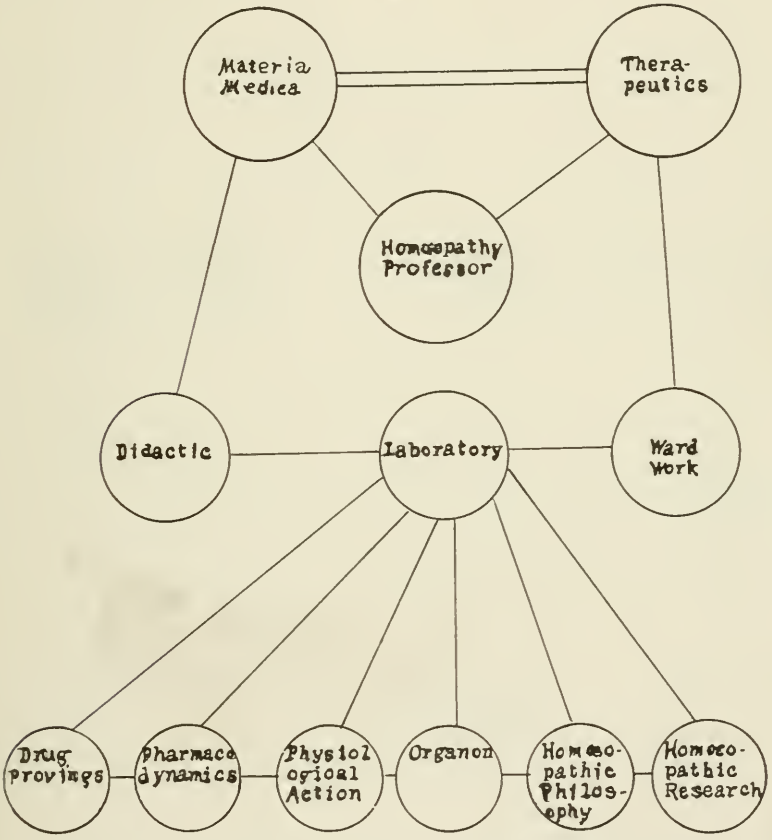
With such a broad field of labor it is essential for the college in the teaching of materia medica to give the student, by clinical example and theory of practice, such positive thought as will enable the graduate to at once establish a confidence of thought concerning his most valuable asset as a physician. Positive think-

*Read before the American Institute of Homœopathy, Department of Materia Medica, Chicago, Ill., June 28th, 1915.

ing on the part of the student cannot be expected, if in the teaching of our personal experiences we slight or speak disparagingly of this most valued asset.

It is the duty of the college to furnish the student with an apprenticed information of principle of action that will set at rest

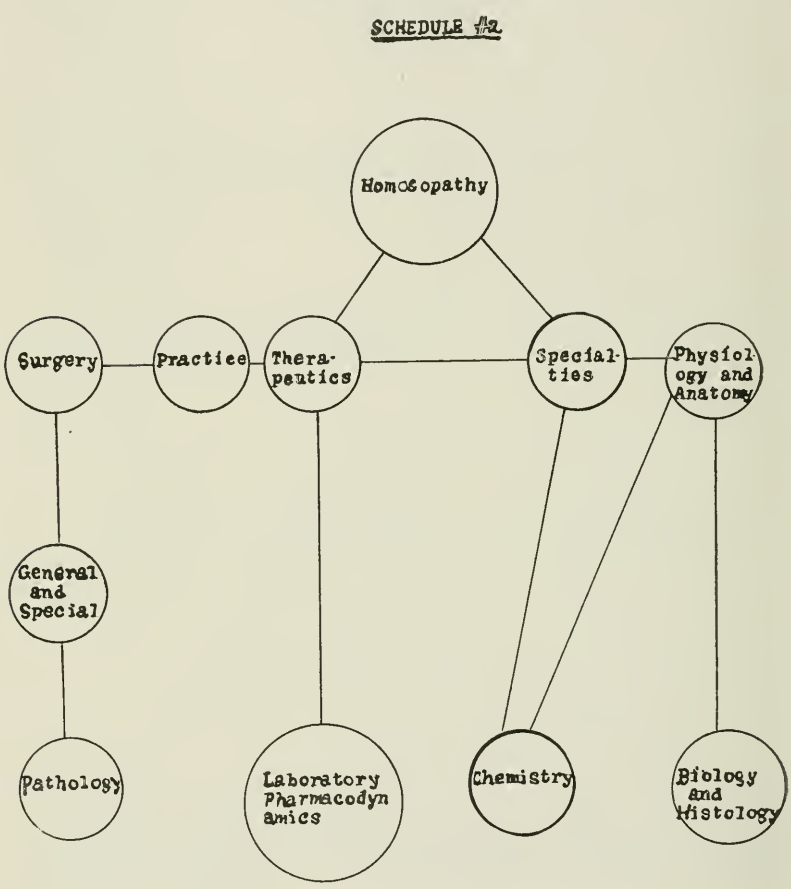
SCHEDULE #1.



all doubt as to the definition and result of that principle, and which will encourage additional research work on the part of the student to further elucidate, instead of to doubt. This can be done at a great saving of time and money, and will relieve many of the urgencies of a financial character that so trouble most educational institutions.

It must not be supposed that any college can furnish a ready

made suit of homœopathy for the nominal consideration of a matriculation and college fees, for it seems to me that many colleges have been criticised along this line, and too much has been expected of them. True it is, that the efforts of the college should be to furnish a sufficiency of raw material, out of which a student, by close application, can weave for himself a protection in his vo-



cational asset of an armamentarium of homœopathy, which can be as perfect fitting as the student wills. Some of the teachers of materia medica have felt themselves unjustly criticised, and rightly so, when this view of the case is presented. Whatever is added to the raw material by the college authorities certainly tends to build up the complete finished product, and so surely the energies of our colleges should be exerted along these lines.

The application of this principle of medical education is espe-

cially to be studied in connection with the teaching of homœopathy, for, given a good supply of raw material in our materia medica, teaching commencing in the freshman year, the student will grow into, or develop within himself, a finished product with the proper equipment to practice his vocation. The development then must be along the lines of principles implanted and nourished by clinical experience, and not, as heretofore, in an attempt to crowd the clinical work before the principles have been mastered. Now it is in the development of these principles that the laboratory must be of service.

Dr. Montessori has applied these principles in the lines of general education to a marked degree of success in the Italian schools. As a plant should gather its nourishment from the subsoil and develop it into plant life, so the student must ingest and absorb the principles of our homœopathic cure from the teachers and clinical opportunities, and by massing them together utilize them for the development of his own personality for his after life as a practitioner. Having this fact in our mind as a new phase of the study of materia medica, it is possible to build up a system of teaching somewhat after the fashion of the enclosed diagram.

SCHEDULE 3

REORGANIZATION FOR THE TEACHING OF HOMŒOPATHIC MATERIA MEDICA

1. *Aims.*
   - (a) Medical and Clinical Department teaching homœopathy; lectures beginning in the freshman year, as opposed to relegating that teaching to the Materia Medica Department alone.
   - (b) Lowering the cost of medical education by diverting laboratory funds to a homœopathic laboratory.
2. *Features to be remodeled.*
   - (a) General
     - (1) Proving of polychrests.
     - (2) Additional experimental lectures added for clinical and preparatory work.
     - (3) More extensive pharmacodynamics and studies of drug actions.
   - (b) Detail
     - (1) Research work on hypothetical cases.
     - (2) Submission of theses by the student.
     - (3) Conferences on theses.
     - (4) Increased clinical work, with written analyses of theses.
     - (5) Teachers of the several departments setting aside personalities for the elucidation of the principle involved.

3. *Common mistakes to be shunned.*
   (a) Extravagances of time and material, and consequently of expense, in special research work and in new and untried remedies, allowing them to be relegated to postgraduate work.
   (b) Substitution of clinical specialties for proven drugs.
   (c) Careless prescribing.
4. *Planning.*
   (a) Careful analysis of the needs.
   (b) Decision on final plans.
   (c) Thorough study of non-pharmacal therapy.
   (d) Have student submit thesis showing his observation of a completed action.
   (e) Prizes given accordingly.

SCHEDULE 4

GRAPHIC CHART OF VOCATIONAL MATERIA MEDICA

Vocational Uses

Indicated remedy was used	89% of cases
Obstetrics comprised	7% of cases
Specialties comprised	4% of cases

Tabulated from the written statements of 500 general practitioners.

BUSINESS CHART OF VOCATIONAL MATERIA MEDICA

Vocational Factors

Overhead charges for maintenance averaged	11%
Space occupied averaged	9%
Teachers employed averaged	4%
Time allotted averaged	12%
Expense for materials averaged	1.54%
Return service for the finished product averaged	89%

As compared with the teaching of every other subject, it has an increased efficiency factor ranging from 10% to 90%, this factor being made up of the cost of production and the return of service, or as profit on production.

These data have been compiled for the general practitioner, and do not include the specialties.

In conclusion, let me state that the teaching of homœopathy can be summed up as the greatest vocational asset a school has, and as such, should receive the attention of all departments of a college teaching this as a sectarian view of modern medicine. While it is true that many other remedies demand the attention of the physician, yet it must be admitted that the indicated remedy is the first thought in a large percentage of cases, and also that the clinical laboratories of great endowments are advancing medicine along the lines of the simillimum, and the crux of the situation with them is the dose, as it must necessarily be with us.

As to the aid of pathology and its allied subjects in therapeu-

tics, much can be said; but much more could be said of the homœopathic materia medica, had it been fostered as has been pathology and kindred subjects, which are essentially specialties.

It is not my intention to detract in any way from any branch of medicine, nor is it my intention to detract from the glories of pathology in the sphere of preventive medicine, but for the average vocational use of the practitioner, the indicated remedy is his greatest asset, and because of this it is the greatest liability of any college teaching that subject.

Again, in conclusion let me urge the extension of the teaching of this subject from the facts that have been set forth from this business diagram of the subject; because while it occupies less space and requires less apparatus for its manufacture, it is of 90% vocational use. Would this not help to solve some of the financial difficulties confronting boards of control of colleges which are devoted to the teaching of, and graduating homœopathic students?

It is my belief that the homœopathic college can have no better reason for its separate existence as a teaching school of medicine, than its sectarian view.

Do not permit me to say this is unfortunately so—but when we place our teaching institution alongside of our magnificent universities, can we with justifiable pride ask for a distinct and separate existence except as a sectarian college teaching a vocational study?

I gather from the National Bureau of Education at Washington the following. Speaking of Modern Medical Education the report reads: "The vocational idea is gaining wider recognition in medicine, owing to the number of medical cults that have fast been depleting the rank of the 'dominant school.'"

In this practical age the study of the specialties in medicine is regarded by many as a luxury. It is not strange, therefore, in trying to ask an adjustment of the vocational and the cultural, that the curricula of our schools should lose their identity and become over-loaded. In addition to the fundamentals, there is a volume of subjects taught with varying degrees of success, which burden the medical courses to a six-year limit, almost beyond the reach of the average deserving applicant.

Looking to greater efficiency, we may confidently expect marked economy as to the time in the teaching of vocational studies, leaving the strictly cultural subjects to the advanced research work, not to the realm of general collegiate work.

To take one example, teachers are already beginning to recognize the advantage of reflectoscopic teaching in bringing readily to all members of the class the correction of individual themes, a device that means a remarkable saving of time and energy, and what is more, it means that trustees and boards will take a more courageous stand for the practical efficiencies, adding greatly to their economic position.

At the very outset of our school, progress was made along the lines of progressive homœopathy when prejudice was hurled against the teachings of Hahnemann. This was supplanted later by the teachings of our modern laboratories, and what has been the result? Their attacks have not in any way disturbed the principle, nor have they in any way injured the influence of the homœopathic college: but what a vast amount of money has been expended, and in some instances extravagances indulged in, that were not warranted at the expense of teaching homœopathy. Has there been a greater discovery in principle, arising from the laboratory research, than our homœopathic principle, and does not the research work done by laboratories of greater endowments than any homœopathic college can dare hope for, prove beyond a doubt that the principle for which we stand is the true and tried principle of therapy? Have we devoted as much energy to the proving of drugs as we have to the proving of sera, bacterins, antitoxins? Have we expended a corresponding amount of money in the establishing and furthering of chairs of materia medica as we have attempted to expend on specialties?

The present status of the teaching medical college today is one of unrest, due to the general lack of funds necessary to carry on the ideas of advanced medical education, and a solution of the problem is attempted with great fear. Curricula have been altered, enlarged, and even made cumbersome to the point of breaking, due to additional work, and the majority of colleges find themselves poorly equipped; for medical education is not a very good business proposition from the standpoint of paying dividends on tuition fees, and the college finds itself short of cash. In education we have two principal divisions; namely, cultural and vocational; and the marked tendency of the times is for vocational training based on scientific principles, and the economic advantage of time, energy, and expenditure, for a man's physical attributes do reflect themselves physically.

There is no better addition to the personality of the physician

than the possessed bearing and mannerism of certainty, and this comes from a vocational study completed, rather than from a cultural study barely begun, as our cultural ideas must receive other instruction in advanced colleges of learning and research.

The goal aimed at is the conservation of human energy by directing it into the most efficient channels. This is the prime importance of vocational study, aside from its economy in maintenance.

There is only one legitimate reason for enticing a young man to study medicine: that is his fitness for the work; and there is only one work a man loves best: that is the work for which he receives the greatest return.

When we, as medical teachers, appreciate these few terse facts, we can place ourselves in a receptive frame of mind, content to stand the fire under which we have been subjected, and which, mind you, has only begun. It was with great satisfaction that I was not able to locate one objection to homœopathic colleges, in my study of the subject, on the ground of surgery and homœopathic principle; but the lack of teaching was a universal complaint, i. e., not enough money had been expended on it to have it progress with the modern advances in other lines.

It is not uncommon for a man to know so much about his own specialty that, in comparison with other specialties, he becomes unbalanced and inefficient; but when homœopathy gets into sympathetic touch with all departments, it must advance, because its principle is correct. But the question at once arises, Would we not be better off were we to extend our knowledge, and prepare ourselves for the opportunities that await us in the future?

It is an obvious axiom of business that the more a man knows about his own business the broader his field of activity, the greater are his business assets, and the larger his return.

Every progressive public business enterprise is steadily building up its productive assets; and it is the productive asset that increases the value of vocational training. A progressive physician, whether young or old, must follow the same course, and in thinking of the future, say to himself, What am I doing to build up my personal asset, my professional knowledge and my producing ability?

Our best personal asset as individuals is the principle of homœopathy; as a college, the same holds true, and the all-important question now before us is, What means shall we use to develop and further extend the principle of homœopathy, so that we may

possess as quickly as possible its full capacity for returns to us, as our vocational principle?

One of the most damaging policies of our work has been the early selection of a specialty by the student.

The pioneers in the department of homœopathy, such as Hahnemann, Hering, Raue, and others, have laid down broad principles of action, and have given us broad knowledge of these principles. But have we added the detailed knowledge of facts learned by the application of our newer principles of efficiency and business practices?

There are two things essential to the advancement of any business enterprise, whether it be public or private, and it might be well for us to look at ourselves with the eyes of a business analyst, to see, if possible, the details of those essentials. We will not consider competition as the life of trade; we will not consider obstacles placed in our way except as a stimulus to greater work; but let us ask ourselves, in a business way, have we, or have we not, been producing and marketing homœopathy in keeping with the modern ideas of business efficiencies?

1. *Production.* The producing function of our chairs in homœopathy consists chiefly in maintaining the organization that renders service to the student. Every business activity must have a product to offer as the result of its activity, that product being the concentrated effort upon the part of every worker, supported by the parent organization. An organization is judged by the quality of its product, and as an advertising medium, that is our best asset. If the control factor of the equipment of our colleges hinders the work of any one of its producing functions, necessarily that product suffers, and its marketability is affected.

The most important question then arises, Has the equipment been in keeping with the advertised standard of the specialty advertised? If not, the sale of the product is curtailed. Upon investigation as to the cost of a product, business men in the face of competition scrutinize every item of expense, not only in the make-up of the article, but also in the waste incurred. Have we as teachers, and have not our faculties in some instances, neglected our specialty?

I believe that today, with the proper expenditure of cash for equipment, equivalent to that spent on other less important branches of medical education, the producing power of our materia medica department could be raised.

Now with the raising of the production comes the all-impor-

tant question of marketing our product. If we cannot do this, a condition of over-production will exist, which would be still worse.

It is generally admitted by all who have written to me on the subject, and I have personally interviewed a representative from every college in the United States, that the production of homœopathy, as a product, has not kept pace with the strides made in other directions. Some say, "Our energies have been directed to laboratories." In only a few instances has any advanced research work been done along homœopathic lines. In all instances, the salaries have been below that paid to ordinary assistants in other laboratories, and indeed the consensus of opinion has been that were it not for our general surgeons the inroad on our colleges would have been worse than that attempted recently. Here again vocational training has been of great service to us as colleges.

We must not forget that all business moves along certain lines, whether it be the production of a machine or the production of a "science of healing," and if we transgress its laws we must inevitably reap our reward.

2. *Marketing.* Without the least doubt, the best market of our colleges has been our surgeons, for while some colleges have attempted to market other specialties, depending largely upon the personnel of their faculty, yet no matter how cleverly a marketing difficulty is treated, the solution is worthless if it affects unfavorably any other phase of the business; therefore, to guard against mistakes we must have an all around knowledge and an equal division of patronage at the hands of the parent organization.

The question of marketing, then, is essentially one of salesmanship. Our best marketing agents are our salesmen, taught and endowed with the principles worked out and applied under the best modern practice, the individuality being held in the rear supporting those principles. Students trained in homœopathic laboratories, knowing their line of goods, believing in them, and backing them up, will reap results; hence the ability of our practitioners to sell their services is our best asset. But no individual can expect to go far ahead in business who is unable to sell his services and to make up what is known as his public policy. That is his biggest asset, and that is also ours as homœopathic colleges.

Discussion

Dr. George Royal, Des Moines, Iowa: The trouble in our homœopathic colleges is that the professor of surgery, with his assistants, controls the colleges. It was because of this fact that the Council of Medical Education decided that at least 600 out of the 4,000 hours of the curriculum should be devoted to materia medica. In my opinion, every college, in addition to these 600 hours, should have much more time devoted to helping out the professor of materia medica. The materia medica should be the right arm of the homœopathic profession. You cannot adequately teach materia medica didactically. You cannot even make use of one-half of your time in didactic teaching. You must resort to the clinics. I would like to bring patients before the students, elicit the symptoms, and say to them: "This is belladonna," "This is mercury," so that, in addition to hearing the symptoms, they can see them when the picture is before them. In the clinics of our colleges the students should be shown the pathognomonic symptoms; in the didactic work they should be shown the characteristics of the drug; and the professor of materia medica should show the students how to apply these characteristic symptoms to the pathognomonic ones.

Dr. H. W. Pierson, Chicago: This is an age of progress. In my judgment, the question will be solved when we organize post-graduate colleges for the study of materia medica. That places homœopathy where it belongs,—as a specialty. When you have given it its proper place as a specialty, you are going to have the support numerically and financially to make it a success.

Dr. George E. Dienst, Aurora, Ill.: If 98 per cent of the students are devoting their time to surgery, what sort of practitioners do they make when they go out to deal with the lives of the people? Homœopathic schools are not teaching what they stand for. If 89 per cent of the young men and women go out to protect people, they ought to have 89 per cent of the matter taught here which will fit them for that purpose. I emphasize heartily Dr. Royal's and Dr. Baker's statements.

"A noted British military leader told me that it was not the sight of the dead, the terrible carnage, or the dreadful desolation of the war zone that sickened him and caused him to lie awake nights, but it was the cries of wounded men for their mothers."

This is what Mrs. Ethel Snowden, wife of Phillip Snowden, noted labor leader and member of the British parliament, told delegates to the International Conference of Women Peace Workers.

"It is this, she declared, "that is going to end the present war and all future wars. It is the mothers of the world, who, when they are allowed to vote will not allow their sons, husbands and fathers to be slaughtered, for what? To settle difficulties between nations, that could be settled by men of sufficient caliber without killing."

SOME CAUSES WHICH PROMOTE PROSTITUTION: THEIR INFLUENCE ON PUBLIC HEALTH*

By Albert A. Ogle, M. D., Indianapolis, Ind.

The time is opportune for a recasting of some of our preconceived ideas as to causes which promote prostitution.

That we may look at the subject from a somewhat different angle than we have done, heretofore, is the excuse for this paper.

The popular and generally accepted theory, that low wages paid to girls and women is the primal factor in the production of prostitution is vanishing into thin air.

Recent and unquestionable reports of prominent men and women engaged in investigating the causes of vice in our larger cities controvert very largely this theory.

The underworld in the public mind is largely a misconception. We are pleased to think of prostitution only as existing in segregated districts; the underworld of the sensational writers and the police courts, where vice is placed on a commercial basis and where the girl barters her body for gain. In reality the underworld exists throughout the whole fabric of our social existence, from the lowest to the highest strata. Deeds of darkness, transgressions of the moral code, between men and women of the idle rich and between men and women of the middle classes, in fact transgressions in any self-styled respectable class, are as much a form of prostitution as is that practiced in houses of ill fame.

I shall refer, briefly, to only a few out of the many of our public and private acts which are undoubtedly causative factors in the propagation of illicit intercourse and hence, prostitution, disease and death.

At the very beginning of married life the foundation of the home and all future happiness is seriously menaced by the pernicious practice of sexual fraud. Seemingly the first thought of a majority of newly married young women is how to avoid conception during the first year of wifehood. If we are to judge from their conversation when they apply to us for advice, they seem to look upon pregnancy during their bridal year as a disgrace, to be avoided at any price.

In substance they say they are willing to become legalized mistresses but refuse to assume their responsibility to the state and the nation imposed by the marriage contract. Accordingly

*Read before the American Institute of Homœopathy, at Chicago, June 29, 1915.

means are devised and pernicious practices indulged in to circumvent a disaster.

The husband is required to withdraw before the completion of the sexual act; or, either voluntarily or by request he begins the wearing of a device; or, as frequently happens, some form of perversion is employed to satiate their sexual longings. Such practices as these are simply forms of self-abuse and both the male and female suffer as a result of their intense sexual excitement which is denied its legitimate conclusion. If now, this newly made husband be one of the vast majority who has indulged in promiscuous intercourse before marriage and if he be one who is not safely anchored to the obligations imposed upon him by his vows, he very soon tires and becomes disgusted with this sexual fraud and sooner or later he seeks the embrace of new or former companions who are not concerned about the possibility of pregnancy.

Meddlesome surgery is another cause of prostitution which has not been properly considered. The rigid requirements of our commercial and social existence make time a mighty factor in all our undertakings. The necessity for haste has seemingly become so great that our women, once they are afflicted with disease as a result of a violation of nature's laws, are not willing to take the time to get well in the proper way. They are told by the ambitious and unscrupulous surgeon that immediate relief for all of their abdominal and visceral ills may be had through operative procedure. Accordingly operative interference is instituted and since something must be removed, it is easy to find justifiable pathology in tubes and ovaries and either the one or the other, frequently both are removed with all the nonchalance in the world, so characteristic of ignorance, bigotry and cupidity.

That they do find pathology, I grant you. But medicinal measures together with right living would correct the ills of a majority of these deluded women. The young married woman who undergoes an operation for inflamed tubes and ovaries is put down as a gonorrheic and thus helps to swell the percentage list of those who dwell on the questionable statement that anywhere from sixty to eighty per cent of all abdominal operations on women are necessitated because of a Neisserian infection.

A careful analysis of all such cases would doubtless reveal the fact that the gonococcus was a much maligned organism and that infection due to dirty instruments and faulty technic in the production of wholesale abortions was responsible for a large per-

centage of these inflammatory conditions. However, our women demand quick relief, they also demand anything that will obviate the possibility of pregnancy; then, too, the cupidity of the surgeon must be satisfied so the product of the two, the unsexed female, is returned to her husband. Now begins that irritating, nerve racking period of a false climacteric, during which time the marital relationship is strained often-times to the breaking point.

The great surgeon has made a fatal mistake, his work is incomplete. To have been fair to mankind he should have castrated the husband. For he has retained his vigor, the red blood still runs hot through his veins and all that is within him cries out for that of which he has been robbed.

Is it any wonder then that these husbands seek solace in the embrace of other women outside the home that has become well-nigh unbearable? Certainly this ruthless disregard on the part of both women and thoughtless operators makes for marital infelicity and prostitution.

Another factor worthy of consideration is a form of education which has been going on, until within recent years it has reached a point that is somewhat serious so far as the American people are concerned. Unfortunately this education must be attributed in large part to the mothers of marriageable daughters. These mothers talk freely and openly of domestic responsibility as onerous. They lay stress on the advantages and often-times on the necessity for a match that will improve both the financial and social standing. When speaking of children, they do so in a derogatory manner and openly and repeatedly express the hope that their daughters will never have any. Such women belong to every class of society; within the portals of the church as well as without.

Thus are sown the seeds of discontent; thus the inborn instinct of motherhood is crushed, and worst of all, the foundation is laid on which are built sexual fraud and murder. I do not charge that all mothers encourage or even speak openly of abortions, but indirectly this sort of teaching leads to that very thing.

This first year of a girl's married life, if pregnancy does occur, is the acid test of her will, her intellect and her emotions. During this trying period she will either ennoble herself in the successful accomplishment of a duty well done or she will forever brand herself as a coward, a murderer, in the sight of God and man, and a traitor to her country. Young women going into matrimony must know that to those who seek to glean the joys of life, yet strive to

avoid its responsibility and pain, retribution comes, sometimes slow, but none the less sure.

Women will never see the time when the natural laws of health can be evaded with impunity. They may expect no vicarious atonement. The penalty commensurate with the crime is invariably exacted. Outraged nature will not long remain passive. The direful consequences of these often-repeated interferences with the legitimate product of wifehood results not only in a loss of vivacity and that plumpness and rotundity of form so pleasing to the masculine eye, but also in a lowered vitality, the forerunner of disease. These interferences produce an irritable, neurotic woman who in time, through fear of conception or through the loss of natural sexual longings, shuns or even repels the advances of her husband. Thus the girl through injurious teaching robs her husband of the opportunity for developing those qualities of dignity, stability, kindness and love. But most of all she robs him of that for which most men sincerely yearn—the reproduction of himself through her whom he has obligated himself to cherish.

The ever increasing demand for luxury, the ever increasing failure of mothers to instill into the hearts of their daughters the deeper meaning of life and the unpreparedness for and the refusal of young women to accept in its fullest sense the domestic responsibility imposed by the marriage contract contributes to a laxness of morals on the part of both men and women.

These public and private acts must be considered as influential causes of the social evil, the white slave traffic, and hence the dissemination of the venereal diseases.

The effect on public health, of these injurious practices, is indeed obvious. The unsexing of young women makes of them an expensive liability and robs the nation of its potential mothers and needed strength. It decreases also, very greatly, the value of the male consort as an economic unit and renders him inefficient for the duties imposed upon him, because it places him in an atmosphere antagonistic to the development of his better nature. The cruel and inhuman practice of superinduced abortions is responsible for much of the ill health of our women and renders them unfit for motherhood. Unfortunately many of these women recognize the error of their ways too late and in response to the quickening of a seared conscience they seek to remedy the past through reproduction.

Such women, if they bear children, give to the world a being

deficient in vitality. If in the course of time these ill-endowed children reproduce, they give to the nation a yet lower grade of physical and mental stability. Despite the fact that women have a keener moral perception than men it is obvious that they have not extended their observations to the extent that they recognize their responsibility in the creating of conditions which lead to illicit intercourse and prostitutional diseases.

In the universal franchise which is soon to be theirs they must realize that there is a deeper, truer patriotism than the mere act of standing and waving a bit of white during the playing of our national anthem. Their patriotism must be expressed in the intelligence and integrity of the children they bear. To our women is given the power to implant into the hearts and minds of their children that reverential respect for all women which every loyal son now entertains for his mother. To the mothers is given the opportunity to mold the future acts of mankind and to perpetuate and increase the strength of these United States, and most glorious of all to render her republican institutions indestructible.

Discussion

Dr. Mills: There is one potent factor not touched upon in this paper. A very large percentage of women who are in the business are defective in mentality. We know it to be true that many children develop up to ten or twelve years mentally, and after that develop physically, but not mentally. Mental tests have been devised that will show very accurately the stage of mental growth. I am sure that on investigation a large percentage of prostitutes will show that they are sufficiently developed physically, but with deficient mentality and poor control.

Dr. Butler: Prostitution is not all of the "red-light" brand. Good people are able to qualify in this rôle for they are prostituting two of the most wonderful God-given instincts: the instinct of appetite and the sex instinct.

The appetite is to insure our body against deterioration. Through this instinct demands are made for material with which to repair the worn-out cells of the body. The taste buds are delicate indicators of the quality and quantity of food, a monitor of nutrition, a promoter of digestion. But we have allowed our taste buds to be commercialized and as a result all manner of concoctions and indigestible compounds pass into the body without being censored. The body is compelled to handle much more material than is needed for repair. Much that we eat is débris to start with; having little or no food value. The result is insufficient repair; ultimately disease and death.

The purpose of the instinct of sex is to insure the propagation of the race. This legitimate purpose has been lost sight of as the great army of unwelcome children proves. The wife who is forced into motherhood against her will is made party to prostitution, for the

instinct is indulged contrary to the purpose. The birth chamber is a sacred place; it is our nearest approach to God. There we become creators with Him. Every act leading up to the event is just as sacred. To put a function to a lower use than that for which it was intended is to prostitute that function.

Dr. Sevringhaus: I believe the human race is degenerating in its instinct. There is no double standard of purity. The boy should be brought up to the same standard of purity as the girl. If there is any function that we physicians have, it is to instruct the boys who come into our offices that there is no necessity for satisfying the sex instinct until there is occasion for reproduction. If we could train our boys for a few generations and get a generation of men who will not care to satisfy their instinct by lust, this problem will be solved. We have been negligent in instructing our boys.

Dr. Willis: The surgeon does not want to remove ovaries. He knows it brings about a very bad condition. The surgeon is not responsible for prostitution. The family doctor is responsible. If there is a lack of sex interest between husband and wife, the family physician should be consulted, and he should be intelligent enough to find out where the trouble lies. This question of sex is so large that it needs to be threshed out in a sober, definite discussion. Prostitution is caused and supported more by married men than by single men. It is the duty of the physician to straighten out the family discord.

Dr. Ogle (closing the discussion): It is a mooted question as to whether or not God created man on a level with the beasts of the field so far as the sexual endowment is concerned.

There are two controlling factors in life—the sexual instinct and self-preservation. Civilized mankind, so superior to the beasts of the field in all respects, has been endowed with intense sexual longings, hence we may justly conclude that this God-given instinct may rightly be enjoyed regardless of the intent to reproduce.

I cannot entirely agree with the last speaker, for we all know that there are many in our profession who will do anything for a fee. Women are growing wise in some things and today they are asking that the tubes be tied off in order that they may not conceive. We doctors may be responsible for some of this, but any one who has been in practice for twenty years and is brought face to face with society women arrives at some conclusions.

I heartily agree with some of the speakers that we must teach our boys and further I insist that the girls be also taught. The object of this paper, however, was not to deal with the education of boys and girls, but rather to call attention to two or three of the factors which are influential in promoting prostitution—factors for which the older girls and boys are responsible. One speaker referred to the fact that the mentality of the prostitute was low, that is doubtless true of the known and recognized prostitute, but that class of prostitutes is in the minority. When the sexual desire is aroused one does not inquire as to degree of mentality possessed by his consort and the idea of the paper was to consider some of the causes that send men to this class of women.

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D. . . . . EDITOR

JOURNAL COMMITTEE

J. P. SUTHERLAND, M. D., Chairman J. RICHEY HORNER, A. M., M. D.
CHARLES E. SAWYER, M. D. FREDERICK M. DEARBORN, A. M., M. D.
SARAH M. HOBSON, Secretary of the Institute

Publication of an article in the Journal does not thereby secure the endorsement of the American Institute of Homœopathy. The Journal is the publicity organ of the entire Institute membership and is conducted by the Journal Committee in behalf of good-fellowship and medical progress.

Address all communications to **The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Ill.**

Vol. VIII. JANUARY, 1916 No. 7

EDITORIAL

The Conference on Materia Medica. The minutes of the College Alliance published in this issue are well worth reading with careful attention. The proposed conference on laboratory methods in teaching materia medica has already resulted in two enthusiastic and serious conferences, one with the faculty of Hahnemann of Chicago and another in Boston. The February meetings are of interest to every member of the faculties of our medical colleges. That week should be recognized of so great importance that each department should have a representative present. Dr. A. E. Hinsdale has been delegated to present this subject of laboratory method to the colleges and Dr. Burrett, Secretary of the Alliance, presents the purpose and the 1916 program of the Alliance.

S. M. H.

The College Alliance. The question is frequently asked, "What is the College Alliance"? The College Alliance of the American Institute of Homœopathy was organized in the winter of 1912. There had long been a feeling in the minds of the teachers of our various colleges that a closer

unity was needed for the best interests of homœopathy, educationally. W. B. Hinsdale, President of the A. I. H. of that year called a meeting of the faculties of our various colleges to meet in Chicago at the time of the meeting of the Federation of American Medical Examining Boards.

The objects of the Alliance are propagandism, greater efficiency and coöperation in the teaching of homœopathy in our colleges. The time has long since passed when medical colleges may carry on a successful existence alone. Whatever else the Alliance may do, it is accomplishing its greatest service by making possible the intimate acquaintance of our college teachers and the methods they may use in the class room, laboratory and clinic.

The necessarily most important function which our allied college faculties may perform is the instituting of means by which the public may become better acquainted with what homœopathy really is and what it purposes to accomplish.

The annual meeting of this body is held in Chicago in February during the same week in which the Association of the American Medical Colleges and the Federation of American Medical Examining Boards have their annual meetings. This series of meetings calls together the representatives of all the medical interests of all schools of medicine in the United States.

It is intended this year to place the program of the Alliance at a time when it will not conflict with any of the other meetings. The program is to consist of two leading papers, each being followed by three or four formal discussions. The topic of the first will be upon "Methods of Teaching Materia Medica," and the second upon the topic of "Propagandism."

There never before was a time when the subject of how best to teach materia medica was so profoundly considered as at the present time. Indeed, we are entering upon a new epoch in our homœopathic teaching. Homœopathy has not changed, but we are realizing that we have not given it the honorable place which it has deserved, and no class of teachers

are realizing it more than the materia medica teachers themselves. No branch of medicine is better adapted to laboratory demonstration than is this subject.

The College Alliance is the logical body to bring our educational institutions in close touch with the American Institute of Homœopathy and through it to reach the profession and the general public. We shall grow as a school of medicine as we acquaint the public and scientific world at large with the truth about homœopathy. *C. A. B.*

Co-education in Medicine. A recent report of the Dean of Hahnemann Medical College of Philadelphia contains the following on co-education: "Women cannot wisely be admitted into Hahnemann Medical College of Philadelphia without the approval and active coöperation of a large majority of the faculty, the board of trustees, the students and the homœopathic women physicians of this vicinity. The consensus of opinion is unfavorable at the present time, possibly in the same proportion as a poll of our students, thirty-six for and eighty-four against." The same report announces that "a woman has personally paid the tuition of two deserving young men, who would not have been able to have remained in college without assistance," also, that the Women's Homœopathic League will assist three more students. Since the Hahnemann College of Philadelphia has reiterated this stand, it is most fortunate that a sister city, only a few hours' distant, has such a splendid institution in the New York Medical College for Women. Of the ten homœopathic colleges, only those of Philadelphia and New York oppose co-education. *M. F. McC.*

Medical Training for Women. The medical education of women, like every other minority movement, has met its reverses, but is coming surely into its own. The state university and a clarified public consciousness have been factors in this development. And sometimes money has been potent. A quarter of a century ago the medical department of Johns Hopkins University was in sore need of money. A group of wo-

men took up the cause and raised the necessary money, and gave it upon condition that women also be granted the opportunities of medical study in that institution. The New England Medical College for Women faced closure for lack of money. Harvard refused to accept the responsibility of training women in medicine. The College of Physicians and Surgeons likewise declined the opportunity. Boston University accepted, opened the school to men and women and turned the control over to a body of homœopathic physicians. When the medical department of Cornell University opened its doors to women in New York City, the oldest medical college for women in the country, the College of the New York Infirmary for Women and Children, closed its doors. A similar end came to the Medical College for Women in Chicago when the College of Physicians and Surgeons became a part of the University of Illinois and as a part of the state university admitted both women and men. Some individuals and some sections are honestly and rigidly conservative. Time is the ultimate test. But the signs of the times are that work will be judged by the quality of the work itself, and the opportunity for preparation will be granted to all, irrespective of station or accident of birth. *S. M. H.*

Hospital Opportunity. In September, 1912, the *New England Medical Gazette* published a notable number. It was a special Psychiatry Number, and comprised a series of clinical papers by the staff of the State Hospital at Westborough in honor of the retiring superintendent, George Smith Adams. Each one of the fifteen papers carries many suggestive sentences to the general practitioner as well as to the specialist. The history of the growth of the Psychopathic Department, the wholesome possibilities of segregation and re-education, the ray of hope for that gloom of dementia praecox, the record of senium praecox are an actual record of work done which deserves wide publicity in the medical profession. The methods are practically the same as outlined in an article in this issue of the JOURNAL from the state hospitals of Illinois.

The value of such hospital experience cannot be overestimated. It is therefore a matter of surprise and regret that superintendents of state hospitals find it difficult to fill positions of interns and assistants. The classified advertisements of the JOURNAL recently secured for one such hospital an assistant physician, and gave a young physician the hospital position he sought. The following is quoted from the letter acknowledging the service of the advertising pages:

"I was beginning to get discouraged and was about to make up my mind to ask the next Legislature to amend the present law, striking out the homœopathic clause relating to the Hospital, and permit the selection of old school physicians on the staff. I expect I shall do it some day, for I am really growing tired of practically having to beg our recent graduates to accept positions on the staff,—usually being turned down with the implication that they know more than is necessary already, and have no use for any practical work."

There is some fault in the preliminary training of the medical student, in the medical curriculum, in the quality of studentship, or in the management of hospitals that such opportunities go a-begging. With the increasing complexity of civil life, and the application of psychological principles to every department of business, the medical graduate should be as well equipped in general education as the majority of the clientele he is to serve. Treatment of nervous and mental diseases may not be as spectacular as in some other departments, but it is a field which is not overcrowded. And the state hospitals furnish abundant opportunity for the correlation of morbid condition and surgical relief, of postmortem checking up of diagnosis, of re-education of impaired function, so that every such position should have a waiting list of candidates. One unfortunate graduate made reply: "What, only fifty dollars a month! I can make more than that selling platinum." Of course he can. And if making money is the sole object of his career, he had better stay in the platinum field. A weeding out of the unfit in the freshman year is one of the unpleasant pruning efforts of the governing faculty.

S. M. H.

MEETING OF THE BOARD OF TRUSTEES

Hotel Sherman, Chicago, December 18, 1915

Reported by the Secretary

Twelve of the fifteen trustees were present: Drs. Aldrich, Costain, Brant. Sutherland, Hinsdale, Cobb, Reily, Sawyer, Horner, Dearborn, Miller and Hobson. Dr. Price of Baltimore was present during the morning session. Drs. Royal and Dewey of the Medical Council, and Dr. Parsons, their special appointee on federation of societies with the Institute, were present throughout the day.

Routine business was dispatched during the morning session and the afternoon session was given over almost wholly to the report from the Council on Medical Education and the discussion of Dr. Dewey's pictorial hospital report and Dr. Parsons' proposed plan of federation.

Dr. T. Franklin Smith was absent on account of impaired health. The Treasurer's absence from a trustees' meeting was most unusual. A telegram of regret and of greeting was immediately forwarded.

The Treasurer's report, read by the Chairman of the Finance Committee, announced a total balance in the Treasurer's hands of $7,403.28.

The report of THE JOURNAL Committee was a financial statement of the record from THE JOURNAL office, July 1, 1915, to December 1, 1915. The income of THE JOURNAL office is from advertisements and paid-up subscriptions; the expenses of the office are the printing of THE JOURNAL and a monthly budget for rent, salaries, postage and sundry office expense. The balance to the credit of THE JOURNAL office December 1st was $1.456.76. Upon recommendation of THE JOURNAL Committee the beginning of the fiscal year of the Institute was made the same as the date of incorporation, September 26th. The appointment of Editor of THE JOURNAL was made for three years from September 26th, 1915. Dr. Hobson was appointed Editor for that period.

Dr. Eldridge C. Price, Chairman of Local Committee 1916 session reported definite progress in preparation for the Institute, and generous assignment of space for assembly rooms and exhibits, without expense to the Institute, on the part of The Emerson. The trustees, without dissenting voice, reaffirmed the vote of July that Baltimore be the place of meeting in 1916.

A bequest of $500.00 from Dr. Sarah J. Millsop, who died at San Diego, November 2, 1915, was placed to the credit of the endowment fund.

Dr. R. Milton Richards' plan to make the year's work on new members a campaign to enlist all graduates of the past

five years who are not yet in Institute membership was endorsed.

Dr. Dearborn, Chairman of Committee on Opening Reception, and Dr. Price had a conference and announced a tentative program for Monday evening of Institute week.

Dr. Hinsdale, Chairman of Committee on Publicity, promised a definite program in publicity for the next meeting of the trustees.

The report from the Council on Medical Education was presented under three heads: Medical Colleges, by Dr. Royal; Hospital Inspection, by Dr. Dewey; Federation, by Dr. Parsons.

The reports of Dr. Royal and Dr. Parsons will be given in detail in the February JOURNAL. Dr. Dewey reported a list of 65 accredited hospitals representing a property value of $26,000,000.00, opportunity for 192 interns, and a mortality rate of 4.5%. Photographic slides of these hospitals have been presented before the students at the Michigan and Ohio Colleges.

The trustees went on record as "definitely committed to the project of federation of the Institute and state societies."

The date for the 1916 session was set for Sunday evening, June 25, 1916, to Saturday, July 1, 1916.

ANNOUNCEMENTS

Committee on National Legislation

President Aldrich announces the appointment of Dr. Charles E. Sawyer, Marion, O., chairman of the committee on National Legislation, in place of Dr. J. B. Gregg Custis, recently deceased.

Bureau of Pedology, 1916

Dr. Francis H. MacCarthy, Chairman, announces a *Symposium on Infant Mortality.*

The Present Status of Infant Mortality, and the Look Forward. By Francis H. MacCarthy, M. D., Boston.

Fundamental Causes of Infant Mortality, and Social Betterment. By Reuel Benson, M. D., New York City.

Prenatal Causes of Infant Mortality. By Joseph P. Cobb, Chicago.

Congenital Weakness as a Factor in Infant Mortality. By C. S. Raue, M. D., Philadelphia.

Obstetric Factors in the Prevention of Infant Mortality. By Edwin P. Ruggles, M. D., Boston.

Parental Responsibility and Infant Mortality. By Edward B. Hooker, M. D., Hartford, Conn.

Education of the Fathers and Mothers of Tomorrow. By Dr. Agnes Fuller, Chicago.

Dr. Reuel Benson is Secretary of the Bureau.

Bureau of Clinical Medicine, 1916

Dr. Daniel E. S. Coleman announces the following members of his bureau: Drs. Clarence Bartlett, Royal S. Copeland, William Goehegan, Homer V. Halbert, James Krauss, George F. Laidlaw, Ralph R. Mellon, Walter Sands Mills, J. T. Simonson, Alonzo C. Tenney.

Bureau of Dermatology and Genito-Urinary Diseases—1916

Dr. Everett Rowell, Chairman, has appointed Dr. Louis Rene Kaufman, Secretary of this bureau. The program will be announced in a future issue.

CORRESPONDENCE

Another Obstetric Method

To the Journal of the American Institute of Homœopathy:

In normal gestation the chief factors of well-being of mother and child are a rapid and easy delivery at term. The principal difficulties in the way of realizing this is what I shall call *diffuse* muscular effort. Approximately one-fourth of the muscular contraction in average labor is useless; one-fourth is obstructive and neutralizes one-half of the remaining muscular effort, thus leaving only one-fourth actual efficiency.

Every physician has witnessed the intense muscular strain of the patient in labor—the whole body straining in intense diffuse effort—muscles of the face, neck, arms and legs laboring to no purpose, the muscles of the pelvic floor becoming tense and opposing the progress of the advancing head.

This great waste of energy can be eliminated in the normal mother and delivery hastened and rendered painless and safe by the following method: Hypodermic administration of 1 cc. of pituitrin at the beginning of the second stage of labor, the effect of which will be to greatly increase the uterine contractions. Next, chloroform inhalations, as soon as the contractions begin, to the point of complete obliteration of pain in the pelvis, thus eliminating the obstructive contractions of the muscles of the pelvic outlet and the useless, general muscular contractions, thereby saving an enormous amount of fatigue to the patient.

If chloroform is administered to this degree without the pituitrin, the uterine contractions are so greatly diminished that labor is unduly prolonged and the well-being of the child is endangered. Pituitrin without the chloroform is likely to produce serious injury to the perineum on account of its resistance to the rapid delivery. The two together produce the vigorous expulsive contractions and the relaxation of the muscular structure of the pelvic outlet, giving ideal working conditions.

With this technic, the important point for the physician is to see that the proper amount of chloroform is inhaled, complete anesthesia not being necessary, but complete suppression of pain being imperative to obtain the thorough muscular relaxation of the perineum. The patient is given a chloroform inhaler and instructed to inhale the chloroform with the beginning of the pain and continue until all sense of pain is obliterated. The perineum then promptly relaxes under the pressure of the advancing head and delivery is effected painlessly and quickly and with the minimum risk of tearing of the perineal body. The complete relaxation of the perineum is facilitated by the use of hot compresses by the nurse during this period.

My obstetric cases are few and my experience with this method is limited to a year, but it has been absolutely uniform in quickness of delivery. The duration of the second stage of labor has not exceeded twenty minutes in any case and, in three cases, including one twins, the delivery was effected in ten minutes, and there has been no perineal injury in any of the cases.

Some fifteen years ago, I was induced to use the H. M. C. compound, and thought I had found the real solution of the obstetric problem, but two or three cyanotic babies and the death of a mother two weeks after parturition for no other assignable cause frightened me out of the use of this method. About four years ago, I began to use pituitrin in tardy labor cases and gradually have worked out of my experience my present technic.

A number of years ago, I witnessed the delivery of a litter of pups and was impressed by the facility and apparent ease with which it was accomplished. I could not help contrasting it with the ordeal of the human mother. But of late there have been most promising developments in the obstetric art and the claims of the exponents of the various forms of twilight sleep seem to justify the hope that our children may be born with the same ease and efficiency as our baby pups.

Mt. Vernon, Ohio. George D. Arndt.

ALLEGHENY COUNTY MEDICAL SOCIETY

Reported by the Secretary, Dr. Charles A. Ley

The Allegheny County Homœopathic Medical Society met December 15, 1915, in the Wallace Laboratory, Pittsburgh, Pa. This was the annual meeting and Dr. F. S. Morris was elected President and Dr. Charles A. Ley, Secretary for the ensuing year.

Dr. J. M. Heimbach, President of the Pennsylvania State Society, was in attendance and presented a very learned and

enthusiastic paper on "The Relation of Homœopathic Physicians to Homœopathy." Dr. R. S. Marshall presented a paper on "Geriatrics." Dr. Charles A. Ley talked on "Symptoms Indicating a Neurological Examination."

WOMEN'S HOMŒOPATHIC ASSOCIATION OF PITTSBURGH

Reported by the Secretary, Dr. Anna Johnston

The Women's Homœopathic Medical Association of Pittsburgh held its regular monthly meeting Thursday evening, Dec. 2nd, at the home of Dr. Mary Coffin, 3829 California Ave. N. S. Pittsburg, Pa.

According to the plan of work outlined for the year, the clinical study of adenoids and tonsils was continued. Dr. Coffin presented a clinic of five children. Each case was carefully examined, the symptoms collected and recorded.

The committee on Dr. Millie Chapman's portrait reported that the picture had been procured, framed and hung in the Pittsburg Homœopathic Hospital, on whose staff she had served so faithfully for so many years.

The title of this society in last month's report was an error. The Allegheny County Medical Association meets monthly at the hospital, and is open to all physicians of the county. The Women's Association of Pittsburgh comprise members from eastern Ohio and western Pennsylvania, as well as local medical women.

HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MICHIGAN

Reported by the Secretary, Dr. D. B. Hagerman

This society meets every third Wednesday of the month and is doing good work. The program always comprises two papers and an hour devoted to materia medica.

The annual meeting and banquet in December was held in the Association of Commerce Building, Grand Rapids. Dr. Hugh Beebe, Clinical Professor of Surgery at the Homœopathic College, University of Michigan, was the guest of honor. Dr. Dean W. Myers and Dr. G. I. Naylor, also of the University were present.

The society has lost two prominent members recently in the death of Dr. Frank D. Harter of Grand Rapids and Dr. T. R. Allen of Ionia.

ENDOWMENT OF $500,000 TO THE AMERICAN COLLEGE OF SURGEONS*

By John G. Bowman, Director, A. C. S.

The American College of Surgeons begins the new year with an announcement that it has secured from its Fellows an endowment fund of $500,000. This fund is to be held in perpetuity, the income only to be used to advance the purposes of the College. By this means lasting progress toward the purposes of the College is assured.

The College, which is not a teaching institution, but rather a society, or a college in the original sense, now lists about 3,400 Fellows in Canada and in the United States. Without precedent for swiftness of development it stands today a powerful factor both in the art and in the economics of surgery.

Primarily the College is concerned with the training of surgeons. But the significant fact in connection with the endowment just secured is that it has come from the surgeons themselves, inspired by a motive for better service to the patient. Ideals in the profession of medicine are living things. Probably no more convincing proof of this fact exists than the sacrifice which the surgeons of this continent have made willingly in order to raise this fund.

To begin with, these ideals are to find concrete expression along the following lines of activity,—

1. Since the whole problem of the training of specialists for the practice of surgery is the primary purpose of the College, the Regents propose at an early date to present a clear conception of the College to the undergraduate medical students of this continent. The Regents, further, will ask each senior student of this group who has in mind to specialize in general surgery or any branch of surgery to register with the College. As these students, then, serve later as interns and as surgical assistants, they will be requested to report these facts to the College. The College, in turn, will systematically seek information as to the ability and character of such men; and the information thus obtained becomes the basis of admission to Fellowship in the College. In addition to this procedure, the Regents will insist upon the proper keeping of case histories, and they will endeavor to stimulate in these men in training right ideals of medical practice. In this program they ask the active co-operation of the faculties of the medical schools and of all practitioners of medicine.

2. Inasmuch as proper training in surgery is inseparably involved with the conduct and efficiency of hospitals, the College will seek accurate data on all matters which relate to hospitals. From time to time it will publish studies upon hos-

*Released January 1, 1916.

pital problems, the purpose being always to be helpful to the hospitals. These publications, further, will inform recent medical graduates as to where they may seek adequate general or special training in surgery. To be concrete the College will deal with such problems as (a) the proper equipment for medical diagnosis, e. g., well equipped laboratories for chemical, pathological, and x-ray work; (b) the proper forms for case histories and the facilities for keeping these records; (c) the management and the curricula of the nurses' training schools; (d) the specialization essential in any well-organized hospital.

3. The College will ask the faculties of medical schools to consider the advisability of conferring a supplementary degree of proficiency in general surgery and in the various specialties of surgery.

4. The College will issue readable monographs, educational in nature, to the press, to the general public, to hospital trustees, and to the profession of medicine upon subjects of medical procedure and the whole meaning of fitness to practice surgery.

The entire impetus of the College springs from within its own membership. Necessarily that impetus implies reform. But there is a vast difference between reform preached at men and reform innate in the hearts of men which finds expression at their own initiative. Whatever impetus the College possesses, it originates among the surgeons themselves. It is not an extraneous force or an "uplift" movement. But rather, out of the widely divergent views on many subjects among the Fellows, the aims of the College rise as those time-tried aspirations which are inherently the basis of all that is valuable in the vocation of surgery. The purposes of the College are concerned directly with matters of character and of training, with the betterment of hospitals and of the teaching facilities of medical schools, with laws which relate to medical practice and privilege, and with an unselfish protection of the public from incompetent service; in a word, they embody those ideals which have stood the test of centuries. Upon these the Fellows are united. These are the ideals which each Fellow, single-handed, has endeavored to foster, and the expression of them today through the College comes as a sort of mass-consciousness of the whole body of Fellows. The splendid fact is that the Fellows have grasped in an instant the meaning of the College by a process of fusion and they have gladly made sacrifices for its success.

As one comes into wide acquaintance with the Fellows of the College and catches some fair notion of their earnestness, he sees the future of the organization not by means of logic. There is something more subtle and potent than argument. A determined optimism carries a momentum of its own.

Without a logical process it seeks concrete expressions; and, more than this, it really recreates circumstances through all shifts of weather or play of incident with a certainty not excelled by an utterly rational course. The Fellows of the College, in their widely scattered districts, fuse their consciousness of the organization with a splendid hope in their hearts to advance all that is important and valuable in the profession. This very attitude of mind is the first promise for the future of the College. It is a promise that admits of no defeat. It is a pledge of loyalty to medical patriotism, which means loyalty to the public welfare exercised through intellectual sincerity and scientific accuracy. It means a safe-guard to the public, for it indicates where honest and adequate surgery may be found.

GENERAL NEWS.

Delaware. At the recent meeting of the Homœopathic Medical Society of Delaware State and Peninsula the following officers were elected: C. W. Hughes, president; W. E. Postles, vice-pres.; Victor D. Washburn, sec.; Harrison W. Howell, treasurer. Papers were read by Drs. Howell on Surgical Conditions in Obstetrics; Dr. Beale on Toxemias in Pregnancy; Dr. Meyers on Hemorrhagic Conditions in Pregnancy. Drs. James, Korndoerfer, Bernstein, Roman and Mercer were present from Philadelphia.

District of Columbia. Dr. James B. Gregg Custis succeeds to his father's practice. The city of Washington has lost an earnest worker in homœopathic activities in the death of the elder Custis.

Massachusetts. At the Worcester meeting in November, Dr. G. Forrest Martin, President of the Massachusetts Homœopathic Society, gave an address of good cheer and encouragement to the profession. Dr. Martin reported the acknowledgment given to Hahnemann at the Congress of Surgeons: "Hahnemann, a man with a vision, which vision is being rapidly fulfilled," and urged the members to emphasize standards of work and character of adherents rather than numbers in organization activities.

The following officers were elected for 1915-1916: Dr. John E. Willis of Worcester, president; Dr. F. P. Glazier of Hudson, and Dr. Emma Fay of Westboro, vice-presidents; Dr. Leslie P. Leland of Worcester, secretary and treasurer.

California. Dr. James W. Ward and the San Francisco profession entertained President Aldrich at the Bohemian Club during his recent California trip. In southern California, the Los Angeles profession desired to honor him in a manner worthy of himself and the high office he so ably fills. But

the time was too short. They could only extend the glad hand and wish for him continued health and abundant success.

Michigan. In the midst of much discussion of professional fees and the scale thereof, Dr. Crumrine of Detroit has taken the bull by the horns, sending out a formal notice to whom it may concern that after a quarter of a century in the practice of his profession, after stating the minimum charge for office and residence fee, announces that the basis for an increased charge will be governed entirely by the character of the case and the time involved; further, that service is never refused the worthy poor.

New York. Dr. Herbert C. Allen discussed Twilight Sleep at the recent meeting of Kings County Society, giving his endorsement, when administered under proper conditions. Objections were raised that a bad effect of the drugs might arise in the child in later life.

Dr. E. G. Kern entertained the Utica Homœopathic Club at the December meeting.

The Guild of the Syracuse Homœopathic Hospital, under the chairmanship of Mrs. M. E. Rogers, maintained a successful Christmas sale in behalf of the hospital.

Dr. Frederick C. Robbins, of Horner, recently spent a month at the New York Lying-In Hospital doing postgraduate work.

The Buffalo Homœopathic Hospital Board held their annual ball November 25th. Mr. Frederick C. Gratwick, president of the board of trustees, and Mrs. Richard H. Thompson, president of the Women's Board, received the guests. Mr. James Howe was chairman of the floor committee. The dance netted approximately one thousand dollars. The hospital has received a five thousand dollar bequest from the late Mrs. Josephine L. Goodyear.

Illinois. Dr. McBurney has introduced a new feature into the program of the Chicago Homœopathic Society. After the formal program, which is not too long, the members gather around small tables for "a snack to eat," a smoke if you have the "makings" and an informal discussion on some general topic. The December program was Recent Achievements in Modern Surgery, by Drs. Kahlke and Chislett, and What Modern Urinology can do for Surgery, by Dr. Mitchell. The informal discussion was on knotty problems of daily practice.

Dr. B. F. Bailey, of Lincoln, Nebraska, was a guest at the December meeting of the Chicago Homœopathic Society, and also at luncheon with the trustees on the eighteenth, when many of the local profession gave a welcome to the trustees.

The After-Dinner Club entertained Dr. Cornelia Brant, Dean

of the New York Medical College for Women, at dinner on December seventeenth.

The Chicago chapter of Phi Alpha Gamma entertained the men of the visiting Board of Trustees at the University Club, on the evening of the eighteenth.

At the Central Illinois association, Dr. Clare Garber, of Decatur, was elected president; Dr. J. A. Morris, of Bloomington, vice-president; and Dr. E. C. Gaffney, of Lincoln, reëlected secretary and treasurer. The next meeting will be in Bloomington, October, 1916.

The report of the Clinics at Hahnemann College for November is as follows:

MEDICAL		SURGICAL		GYNECOLOGICAL		PEDIATRICS		MENTAL & NERVOUS	
NEW	OLD	NEW	OLD	NEW	OLD	NEW	OLD	NEW	OLD
15	89	14	34	7	39	12	28	1	10
17	81	12	19	8	50	10	35	2	11
15	70	9	11	8	22	3	12	1	9
10	47	10	14	4	28	7	19	2	8
13	86	6	15	2	29	13	21	0	9
70	383	51	93	29	168	45	115	6	47

EYE AND EAR		NOSE AND THROAT		VENEREAL		DERMATOLOGY	
NEW	OLD	NEW	OLD	NEW	OLD	NEW	OLD
34	57	16	10	2	4	3	18
23	50	18	13	2	5	3	23
21	51	6	18	0	3	2	21
16	34	7	13	1	1	3	18
21	44	9	18	2	1	4	14
115	236	56	72	7	14	15	94

Total new patients	394
Total old patients	1,222
	1,616

Dr. George G. Starkey announces removal to 4612 N. Kedzie Ave., Chicago. Special attention to obstetrics and pediatrics.

The announcement is made of the marriage of Dr. William S. Harvey and Mrs. Allie McHenry Cartwright of Nashville, Tenn. Dr. Harvey was one of the physicians active in the organization of the Columbian Homœopathic Hospital at the time of the Fair in 1892.

Ohio. The contract for the first unit of the University Hospital (Homœopathic) of Ohio State University, has been let and the building is to cost sixty thousand dollars instead of fifty thousand as previously announced. When the plans were completed, it was found that the cost would be in-

creased by about ten thousand dollars. Instead of cutting down the building, the necessary increase in appropriation was found and as a result, our building is to be of that much more service.

The University has leased a building in one of the congested sections of the city and fitted it up completely for the Free Dispensary. One of the features is to be a resident attendant on duty at all times in the Dispensary. It will add greatly to the clinical facilities.

Under increased requirements of one year of college in addition to high school graduation, there are eleven freshmen against fourteen last year, under just high school requirement.

Two special lectures have been recently given before the junior and senior classes: Dr. John M. Lee, of Rochester, N. Y., on Radium, and Dean W. B. Hinsdale, of the Michigan University, on Impressionistic Prescribing.

Two new appointments have been made: Dr. Roy C. Wolcott is established as Professor of Internal Medicine and reports an excellent clinic already under way. Dr. Rollin V. Hahley has been appointed assistant to Professor Grosvenor in the department of clinical diagnosis.

Each member of the Columbus faculty had some part in the program of the Southern Association.

Dr. Gertrude Meck presented a paper on Phosphorus at the December meeting of the Cleveland Homœopathic Society. Dr. C. M. Thurston also presented a paper.

Dr. A. S. Nellis, of Dayton, entertained the Dayton Medical Club at luncheon and presented a clinical paper.

Dr. Claude A. Burrett announces his office at 1898 N. High St., Columbus. Practice limited to general and abdominal surgery.

The death of Dr. Robert B. House, of Springfield, leaves an extraordinary opportunity for a successor.

Oregon. The Round Table of Portland will resume conferences January fifth. This has been a strong medical society in the past and the members intend to maintain its good record.

Dr. Byron E. Miller is on an extended trip to the East, which will include the meeting of the trustees of the Institute, December 18th.

Louisiana. Dr. E. R. Bowie, formerly of Pottstown, Pa., has located at 7035 Freret St., New Orleans. Dr. Bowie is a son of the late Dr. Alonzo P. Bowie, of Uniontown, Pa., for many years a Senior in the Institute.

Pennsylvania. Dr. Robert Lippincott Walter announces that he has severed his connection with the Walter Sanitarium and has opened a sanitarium in Doylestown, Pa. The

new institution is fully equipped with the latest electro and hydrotherapeutic appliances, and homœopathic therapy will be used in the treatment of the sick.

The following surgeons of Philadelphia should be added to the list of Fellows in the College of Surgeons, published in the December JOURNAL on page 647: W. C. Hunsicker, I. G. Shallcross, W. D. Culin, F. W. Smith, Oscar Seeley.

Dr. Albert Rowland Garner of Norristown announces an office at 2010 Chestnut St., Philadelphia, for consultation on mental and nervous diseases.

The following sentences are quoted from the Dean's address at Hahnemann: The Hering Laboratory.—The first half of the year the senior students are given laboratory work in homœopathic materia medica, and the second half they will receive special instruction on the action of homœopathic remedies at the bedside. Coëducation.—Women cannot wisely be admitted into the Hahnemann Medical College of Philadelphia without the approval of a large majority of this Faculty, the Board of Trustees, the alumni, the students and the homœopathic women physicians of this vicinity. The consensus of opinion is unfavorable at the present time, possibly in the same proportion as a poll of the students, thirty-six for and eighty-four against. Finances.—It is a pleasure to mention that a certain woman has personally paid the tuition of two deserving young men who would not have been able to have remained in college without financial assistance. The Scranton and Wilkes-Barre alumni will assist one student. The Women's Homœopathic League will assist three. And we feel sure that the Philadelphia County Medical, the Germantown Club and several other organizations will not fail to do their share.

The Germantown Medical Society entertained as guest at the November meeting, Dr. Charles H. Duncan, of New York, who presented an interesting paper on Autotherapy. The officers for the ensuing year are, Wm. W. Van Baun, pres.; F. O. Gross, vice-pres.; H. F. Schultz, sec.; C. B. Hollis, cor. sec., and I. B. Gilbert, treas.

The Homœopathic Medical Society of Chester, Delaware and Montgomery counties held its fifty-seventh annual meeting at Turk's Head in West Chester. The program was presented by Dr. F. L. Richards of Berwyn and Dr. Arthur Hartley of Philadelphia.

Dr. Ralph Bernstein was the guest of the Central Homœopathic Society at Lancaster. The paper presented was Diagnosis and Treatment of Common Skin Diseases.

Dr. Walter C. Barker announces removal of his office to 1823 Chestnut St., Philadelphia. Practice limited to Roentgenology and Electrotherapeutics.

Dr. Bushrod James announces removal to 1431 Spruce St., Philadelphia. Gynecology exclusively.

Mr. and Mrs. Frank Dauwalter announce the marriage of

their daughter, Jane, to Dr. Frederic W. Smith of Philadelphia.

The Children's Homœopathic and St. Luke's Homœopathic hospitals were the beneficiaries of bazaars under the auspices of the Women's Associations, and the West Chester Hospital received five hundred dollars from a recent dramatic program in its behalf.

The Lehigh Valley Society was entertained at luncheon at Allentown. Dr. Donald Macfarlan, the guest from Philadelphia, presented a paper on Butyric Acid, Dr. William Siebert of Easton on Lachesis, Dr. H. L. Baker of Catasauqua on Chelidonium, and Dr. A. L. Kistler of Allentown on Lime Salts.

Dr. Claude A. Burrett of the School of Homœopathic Medicine of the Ohio State University, presented a paper on Inguinal Hernia before the Pittsburg Homœopathic Society.

The Phi Alpha Gamma fraternity held their twentieth annual convention in Pittsburgh in November. Delegates came from all over the country. The local committee provided a varied program for entertainment when business sessions were over. These included a motor trip through the parks and suburbs, a visit to the mills in McKeesport, Braddock and Homestead, a smoker at the Athletic Club, a theatre party, a morning of clinics at the Homœopathic Hospital and a banquet at the University Club. Dr. William Perrin, of Rochester, was elected grand president, Dr. Leon Loiseaux, of New York, grand vice-president and Richard H. Street, of Chicago, grand treasurer.

Rhode Island. At the annual donation day of the Aid Association of the Rhode Island Homœopathic Hospital, Mrs. Martin G. Budlong, chairman of the Aid Association Committee, reported an unusually varied and generous assortment of hospital furnishings and dining room supplies, as well as numerous checks.

Washington. The State Homœopathic Medical Society elected the following officers: Dr. W. A. Glasgow, Seattle, president; Dr. G. W. Beeler, Seattle, 1st vice-president; Dr. S. R. Boynton, Bellingham, 2nd vice-president; Dr. C. P. Bryant, Seattle, secretary; Dr. E. A. Goldsmith, Seattle, treasurer. A paper by Dr. Bryant on Serum-Therapy showed an unusual amount of time spent in preparation and provoked an extended discussion. Dr. Beeler presented a paper on "Obstetrical Embarrassments"; Dr. Young and Dr. Glasgow surgical papers. The King County Homœopathic Medical Society gave the members a banquet at The Boulevard, Dr. Geo. W. Beeler, toastmaster.

England. The following report from the Neuilly Hospital is made by George Burford:

"At Neuilly I found wounded soldiers, as well as sick, nursed and tended in the wards. This is the immediate outcome of the wise policy of the Council in enlarging the sphere of work of the Hospital. Besides the médecin chef, the surgeon, Dr. Charles Cogswell, and the house physician, Dr. Leigh Cox, with the senior consulting physician, Dr. Arnulphy, constituted the professional staff. The number of patients totalled on October 3rd, fifty-three; twelve of these had been received direct from the front; the wounded cases numbered twenty-five. But as we adopt Sir Almroth Wright's dictum, that every wounded soldier is also a sick soldier, all the patients, sick and wounded alike, were within the purview of homœopathic treatment."

Dr. T. Wilson Burwood has recently retired from practice. Dr. and Mrs. Burwood were made guests at a recent presentation reception. Sir Alexander Henderson made the presentation speech.

CHANGE OF ADDRESS

From membership list in JOURNAL, December, 1915.

	Moved to
Arneson, Arthur L.	Scarville, Iowa.
Arthur, Daniel H.	862 West Side Ave., Jersey City, N. J.
Bowie, Eleazar R.	7035 Freret St., New Orleans, La.
Brigham, Homer C.	Stratford Arms, Grand Rapids, Mich.
Brucker, Karl B.	Sancer Brogan Blk., Lansing, Mich.
Dawley, Byron W.	206 Wayne Bldg., Toledo, Ohio.
Folger, George A.	Box 222, Nantucket, Mass.
Gannett, George J.	306 Euclid St., Syracuse, N. Y.
Gans, Robert A.	Dunkard, Greene Co., Pa.
Hadley, Rollin V.	State University, Columbus, O.
Haskell, Cosa D.	State Hospital, Fergus Falls, Minn.
Kuttler, Leonard W.	10544 Glenville Ave., Cleveland, O.
Palmer, George W.	17 Nevada Bldg., Denver, Colo.
Quilliams, Frederick F.	1618 E. 118th St., Cleveland, O.
Rice, Frederick T.	Lake Geneva, Wis.
Robert, Oscar W.	24 Thompson St., Springfield, Mass.
Sackin, David	308 E. 72d St., New York, N. Y.
Snider, R.	St. Francisville, Ill.
Snyder, Aaron W.	1207 E. Market St., Indianapolis, Ind.
Walter, Robert L.	Linden, Doylestown, Pa.

CORRECTIONS

Cooke, Persifor M., pages 676, 718, 721.
Schlesselman, George H., page 742.
Harkness, Carleton A., pages 685, 723.
1891. Burnham, Norman G., page 673.

OBITUARY

What has it all been for? For the knowledge that makes life richer; for the friendship that makes life sweeter; for the training that brings power.

Dr. J. B. Gregg Custis. The homœopathic profession not only of Washington, but of the whole United States, was shocked on November 4th by the sudden and untimely death of Dr. J. B. Gregg Custis at his summer home in the Thousand Islands.

Dr. J. B. Gregg Custis

Dr. Custis was born at Wilmington, Delaware, on September 20th, 1855. He received his elementary education in Washington and received the degree of Bachelor of Arts at Columbia University in 1875. He studied medicine at the New York Homœopathic Medical College, from which he received his degree in 1878. He began the practice of medicine in Washington, D. C., being associated with Dr. Horace Hatch. In 1879 he married Miss Catherine Ritter of Frederick, Maryland. Dr. Custis is survived by a father and mother, a widow, and three children, two sons and a daughter.

Dr. Custis was one of the lights of the homœopathic profession and was actively associated with and interested in every movement pertaining to homœopathy. He was a member of the American Institute of Homœopathy since 1879 and served as president in 1897. He was also a member of the Southern Homœopathic Medical Association, the International Hahnemannian Association, the International Homœopathic Congress, Alumni Association of the New York Homœopathic Medical College and Flower Hospital, Unanimous Club, O. O. and L. Society, Washington Homœopathic Medical Society, charter member of the University Club of Washington, Washington Board of Trade, Society of Colonial Wars, and prominent in Masonic Circles.

Dr. Custis always took an active interest in medical legislation, both local and national. For thirteen years he was president of the Board of Medical Supervisors of the District of Columbia, during which period the standard of medical licensure was greatly improved and attained its present high standing.

Dr. Custis was an ardent follower of the teachings of Hahnemann and he never lost an opportunity of expounding these principles. It

was largely through his efforts that the beautiful Hahnemann monument was erected in Washington.

His specialty was "Homœopathy." He never employed but a single remedy in the attenuated form and was a master in the use of the homœopathic materia medica.

The homœopathic school may well mourn its loss. Dr. Custis' death will be felt throughout homœopathic circles everywhere and while others will take up the work which he left unfinished, no one can ever take his place.

No memorial to Dr. Custis can ever express the sincerity of his nature or the love and affection of his many patients and friends for him. He was of a cordial and generous nature and never missed an opportunity of lending a helping hand to those below him.

The responsibilities of his large practice have fallen upon the shoulders of his eldest son, Dr. J. B. Gregg Custis. *Gregg Custis Birdsall.*

Charles A. Church, 1839-1915, Passaic, N. J. Death came to Dr. Church at his home in Passaic, after an illness of but three weeks. Neuritis and heart disease closed his life of seventy-five years, forty of which he had spent in Passaic in active practice of medicine and surgery.

Dr. Church was born in Norwich, N. Y., December 1, 1839. He received his elementary education in the public school, his classical education in Norwich Academy, and his professional training in Hahnemann Medical College of Philadelphia and in the New York Homœopathic Medical College.

Dr. Church was a public spirited man, taking an active interest in municipal affairs. He was an officer in the First Methodist Church and a trustee of the Y. M. C. A.

In 1864, Dr. Church was married to Hattie E. Heady of Norwich. Their son, C. Herbert Church, is also a physician. Mrs. Church died in 1892. In 1894, Dr. Church was married to Anna Walter of New York, who survives him.

During his long career he was a member of the New Jersey Medical Club for thirty years, president of the New Jersey State Homœopathic Medical Society, president of the Alumni Association of the New York Homœopathic Medical College and Hospital, president of the American Association of Orificial Surgeons and "Senior" of the American Institute of Homœopathy. He was one of the staff of the Passaic General Hospital for some time and was chief of staff at St. Mary's Hospital for fifteen years, serving until the time of death. He was also a member of the Galen Club of Homœopathic Physicians of Passaic and Bergen Counties.

Dr. George H. Wilkins of Newtonville, Mass., died at the Woodside Cottage Sanitarium November 17th, 1915, after a prolonged illness. Dr. Wilkins was the son of Dea. Aaron S. and Martha A. McClure Wilkins. He was born at Amherst, N. H., December 28th, 1855. His early education was obtained in the schools of his native town and the New Hampshire State College, from which he received his B. S. degree in 1879. In 1880 he entered the New York Homœopathic Medical College and was

graduated in 1883. He at once located at Palmer, Mass., where he remained for nineteen years. During this time he was closely identified with all that pertained to the welfare of the place; he was especially interested in the Congregational Church and the Thomas Lodge, A. F. and A. M., of which he became Master. He also served as Deputy Medical Examiner of the eastern Hampden District for a period of years. In 1902 he moved to Newtonville, where he remained in active practice for ten years, when he was obliged to give up on account of ill health.

Dr. Wilkins was always thoroughly interested in our homœopathic institutions and ready at all times to do his part in giving them support.

At the very commencement of his practice he joined the Homœopathic Medical Societies of Worcester County and Western Massachusetts, both of which he served as president. In 1891 he joined the Massachusetts Homœopathic Medical Society and in 1908 he became one of its vice-presidents; in 1886 he joined the American Institute of Homœopathy and in 1900 the Massachusetts Surgical and Gynecological Society, in 1903 the Boston Homœopathic Medical Society, and he retained an active membership in all of these until the time of his death. For a few years previous to his retirement from business he had lectured upon "Practice" to the students of Boston University School of Medicine.

He is survived by one sister, two brothers, and his devoted wife, Sadie S. Stanwood, to whom he was married in 1889, to all of whom we extend our most heartfelt sympathy.

It was my privilege to know Dr. Wilkins intimately as classmate, neighbor, counselor and friend, and I can truly say that he was one of God's noble-men. *J. P. R.*

Herbert A. Harrison (additional to the obituary record in the November JOURNAL). Dr. Harrison was born April 11, 1871. He received his medical degree from the New York Homœopathic Medical College in May, 1895, and spent his period of active practice in Utica, N. Y., where he died May 13, 1915.

Dr. Harrison was a member of the following medical societies: American Institute of Homœopathy, American Ophthalmological, Otological and Laryngological Society, the National Society for the Prevention of Tuberculosis, the New York Homœopathic Society, the Central New York Medicochirurgical Society and the Utica Homœopathic Club.

Frank Dexter Harter, Grand Rapids, Mich. In the death of Dr. Harter, the medical profession loses one of the younger men who had already left a strong impress upon the community in which he practiced. Dr. Harter was popular with the old and the young of his acquaintance and had won a reputation for successful and discriminating work.

Dr. Harter was born in Utica, N. Y., September, 1872, was graduated from the Chicago Homœopathic College in 1898. He practiced medicine for a short time in Sparta, Mich., and then in Montpelier, Vt., the home of Mrs. Harter, but finally settled in Grand Rapids in 1902. Death came suddenly, November 1st, from blood poisoning, following the extraction of an ulcerated tooth.

Dr. Harter was active in organizing the Western Michigan Homœopathic Medical Society, and served both as secretary and president. He joined the Institute in 1912, and was a member of the Phi Alpha Gamma fraternity. The *Grand Rapids News* paid the following tribute in its editorial column: Grand Rapids suffers a distinct loss in the death of Dr. Frank Dexter Harter, one of the most prominent of the young physicians, who enjoyed the friendship and confidence of thousands during his professional career, nearly all of which was followed in this city. Coming suddenly, and almost without warning, his demise has shocked a great many people who knew him well and loved him as a man of great professional attainments, as a good friend, and as a sterling citizen. A genial, whole-souled man with a highly developed sense of humor, the doctor was always a welcome addition to any party of friends and none among his close personal friends ever heard him complain. Grand Rapids will miss this man keenly and the sorrow of his intimate friends cannot be expressed.

SOCIETY PROGRAMS

Pennsylvania. Reported by Dr. Ralph Bernstein.

County of Philadephia—

Treatment of Chronic Heart Disease.....G. Harlan Wells

Scope and Limitation of the Homœopathic Remedy in Myocardial Failure.....William H. Yeager

Surgery, Gynecology and Obstetrics—

A Gynecological Paper.....D. Bushrod James

Treatment of Rectal Diseases.....T. Louis Adams

Clinicopathologic—

Spinal Cord Symptoms of Pernicious Anemia.....W. L. Hicks

Breast Tumors.....Deacon Steinmetz

Significance of Pulse Deficit in the Treatment of Heart Failure.. .....W. R. Williams

Oxford Medical Club—

Conservative Surgery of Ovaries and Tubes.....Geo. P. Stubbs

BOOK REVIEWS

Diseases of the Nervous System: A Text-Book of Neurology and Psychiatry. By Smith Ely Jelliffe, M. D., Ph. D., Adjunct Professor of Diseases of the Mind and Nervous System, New York Post-Graduate Medical School and Hospital, and William A. White, M. D., Superintendent of the Government Hospital for the Insane, Washington, D. C.; Professor of Nervous and Mental Diseases, Georgetown University; Professor of Mental Diseases, George Washington University, and Lecturer on Psychiatry, U. S. Army and U. S. Navy Medical Schools. Octavo, 796 pages, with 331 engravings and 11 plates. Cloth, $6.00, *net*. Lea & Febiger, Publishers, Philadelphia and New York, 1915.

Here is a book as fascinating as the latest novel. And one reason why is because the subject matter, like that of a good story, is presented as a unitary development. The authors set forth the functions and disorders of the nervous system in a splendid perspective. For many years, the sensori-motor group has dominated by force of its more precise elaboration. In more recent years, the advance in vegetative neurology and psychic disorders has been so rapid as to demand a new assembling of the data at hand.

The chapter on "The Endocrinopathies" suggests a particularly interesting field for the internist. In this "new country, the opening up of which promises to greatly modify the geography of our present neurological schemes," the eager student has the material out of which to contribute a precious gift to internal and preventive medicine. Sanitary science has no exclusive right to the term "preventive medicine." It is the particular province of the general practitioner, the family doctor, to observe the earliest deviation from normal, the earliest indication of failure in normal development. The meaning of infancy, as John Fiske has said so well, lies in the possibility of modifying the infant organism by training other nerve tracts to take up the work which the usual tracts are doing imperfectly. The story of the internal secretions is only begun. Every page of this section maintains the conviction of the authors that our present knowledge of the function of these glands is quite elementary and that "a shift in the point of view is apt to come at almost any time." Here is a fruitful field for a comparative study of the glands of internal secretion, their structure, function and product, and the fundamental principle of homœopathic therapeutics, similarity of symptoms in drug action as tested out on the healthy human body. Any one who has used thyroidin alone, and then used it along with a remedy selected on the basis of similarity of symptoms will acknowledge the possibility of finer results with a discriminating organotherapy and homœotherapy than with the "organotherapy of startling complexity" of the French school.

The section on "Pancreatic Syndromes" has a specific interest to the student of diabetes or of that other milder pancreatic disorder, — faulty carbohydrate metabolism. "Although the pancreas seems primarily a digestive gland, it also produces an internal secretion which holds in check the mobilization of sugar."

The plates illustrating Optic and Auditory Pathways, as well as those on Fractures and Dislocations arrest the attention of the specialists in surgery.

The present surge against alcoholism is based scientifically upon the conviction that "the psychoses are dependent upon some peculiarity of make-up of the individual which is affected in an exaggerated way by alcohol, or, of which alcohol is

the expression. If this is true, then the alcoholism is only a surface indication, and the true etiological factors lie deeper." Herein, then, lies the necessity of a knowledge of psychology, as well as of physiology and pharmacology, in order to permanently relieve the toxemia of alcohol or other poisons. A selected course in medical studies should be required of all professional social workers. And this book furnished much material for such professional work.

The authors conceive the individual as a biological unit developing from the vegetative nervous system to a "conscious social adjustment," and "tending by development and conduct toward certain broadly defined goals." This evolutionary concept is built upon the vegetative, the sensorimotor and the psychic factors,—a trinity so interrelated and correlated as to admit of no artificial divorce. *S. M. H.*

SPECIAL MEETING OF THE COLLEGE ALLIANCE OF THE AMERICAN INSTITUTE OF HOMŒOPATHY

Hotel Gibson, Cincinnati, Ohio, November 10, 1915

Meeting called to order by the president, Dr. Royal S. Copeland.

Roll call of the Colleges with their delegates as follows:

Hahnemann Medical College and Hospital of Philadelphia, Dean William A. Pearson.

College of Homœopathic Medicine of Ohio State University, Dean Claude A. Burrett, Dr. A. E. Hinsdale.

Hahnemann Medical College and Hospital of Chicago, Dean Joseph P. Cobb, Dr. W. Henry Wilson.

New York Homœopathic Medical College and Flower Hospital, Dean Royal S. Copeland, Dr. Rudolph F. Rabe.

New York Medical College and Hospital for Women, Dean Cornelia C. Brant.

Boston University School of Medicine. Not represented.

Homœopathic Medical College, University of Michigan, Dean W. B. Hinsdale, Dr. W. A. Dewey.

Hahnemann Medical College of the Pacific, Dr. William Boericke.

Hahnemann Medical College of Kansas City University, Dean William Davis Foster, Dr. Thomas H. Hudson.

College of Homœopathic Medicine, State University of Iowa. Not represented.

President Copeland called upon Dr. Cobb of Chicago for the report of the Detroit meeting, which was as follows:

Minutes of the Meeting of the Sub-Committee Upon Homœopathic Research of the College Alliance

Meeting of the Deans of the homœopathic colleges of the United States, held in the Hotel Sherman, July 1st, 1915.

There were present Drs. W. B. Hinsdale, A. E. Hinsdale, Brant, Burrett, Copeland, Chislett, Cobb, Nesbit, Dewey, Royal, Pearson, Sutherland and Wilson.

Dr. Sutherland was elected chairman of the meeting.

Dr. Chislett stated that he had asked for the Deans to meet for the purpose of considering a plan of co-operative research work, the intention being that the homœopathic colleges shall so conduct their research work as not to overlap.

At Dr. Chislett's request, Dr. Wilson presented a skeleton of a plan for the purpose of research work of Hahnemann.

Motion was passed that each of the homœopathic colleges of the United States be requested to send a delegate or delegates to a meeting which when it convenes, shall constitute a committee to consider the subject of this conference, that is, the correlation of the research work of homœopathic colleges, especially along the line of pharmacology. Further, that this meeting shall occur at an early date.

Motion was passed that a committee of two be appointed by the chairman to arrange for this conference. The chairman, Dr. Sutherland, appointed as this committee Drs. Chislett and Pearson.

Dr. Hinsdale announced to the meeting that he would be pleased to entertain the delegates during their deliberations on this subject, provided they would give the matter full and careful consideration.

Adjournment.

W. H. Wilson.

At an informal meeting of the College Alliance held in Chicago, July 1st, a special committee was appointed to call together representatives of the various homœopathic colleges, to outline a plan for co-operative research work under the direction of the different colleges.

This special committee convened at the Hotel Cadillac, Detroit, Mich., August 16, 1915, 9:30 a. m. Those present were Drs. Cobb, Blackwood and Wilson, representing Hahnemann Medical College of Chicago. Dr. W. B. Hinsdale representing the University of Michigan. Dr. Widman representing Hahnemann Medical College of Philadelphia. Dr. DeNyse representing the New York Homœopathic Medical College and Flower Hospital and Dr. A. E. Hinsdale and Mr. Jacob R. Wiggers representing the College of Homœopathic Medicine of the Ohio State University.

On motion of Dr. W. B. Hinsdale, Dr. Cobb was elected temporary Chairman and Dr. A. E. Hinsdale, Secretary.

Dr. Cobb stated the purpose for which the meeting was called.

Moved by Dr. Blackwood that the permanent chairman be instructed to appoint a committee on Homœopathic Nomenclature, seconded by Dr. W. B. Hinsdale. Motion laid on the table.

Moved by Dr. Wilson that this committee should be recognized as a committee of the College Alliance and that all necessary incidental expenses be borne by the Alliance. Seconded by Dr. Blackwood. Carried.

Moved by Dr. Wilson that the officers of the temporary organization be made the officers of the permanent organization. Seconded by Dr. Widman. Carried.

Moved by Dr. W. B. Hinsdale that a committee of three be appointed of which the chairman of this committee shall be a member and chairman shall prepare and present a statement to the College Alliance stating the object of this conference, a report of what we have done and a statement of the work contemplated, and a request that the committee be made a permanent sub-committee of the College Alliance to be known as the Inter-Collegiate Committee on the correlation of work on drug research relating to the law of similars, seconded by Dr. DeNyse. Carried.

Dr. W. B. Hinsdale was appointed as a committee of one to report on Dr. Blackwood's motion and Dr. Hinsdale's report is as follows:

Whereas: There are certain terms in use by Homœopathic physicians, terms referring particularly to Pharmacological procedures and preparations, that have distinctive and peculiar meanings for such physicians;

Resolved: That the chairman of this conference shall appoint a sub-committee upon Nomenclature, such sub-committee to confer with the proper officer or professor of the various colleges upon the importance of attaching to such terms as may be of the character described, specific definitions.

The sub-committee shall report to this committee from time to time. This sub-committee shall be known as the committee upon Homœopathic Nomenclature.

Moved by Dr. Widman that the preamble to Dr. Hinsdale's report be adopted. Seconded by Dr. Wilson. Carried.

Moved by Dr. Widman that the balance of Dr. Hinsdale's motion be adopted. Seconded by Dr. DeNyse. Carried.

Moved by Dr. Widman that when this committee adjourns that it meet in Cincinnati at the time of the meeting of the Southern Homœopathic Medical Association. Seconded by Dr. Blackwood. Carried.

Moved by Dr. Blackwood that the officers of this committee ask of the president of the Southern Homœopathic Association a place on their program for the purpose of making a statement of the committee's work. Seconded by Dr. W. B. Hinsdale. Carried.

Moved by Dr. W. B. Hinsdale that a report of this Committee's work be sent to the Dean of each Homœopathic College. Seconded by Dr. Blackwood. Carried.

Dr. Wilson presented an outline for research work in the Homœopathic Colleges. His report is as follows:

Research Work in the Homœopathic Colleges

In considering research work in our institutions, it is important that we also consider publicity at the same time. I have chosen to consider it first.

Publicity so far as research work is concerned may be of two kinds: First, the correlation and publication of all research work which relates to or illuminates in any way, the law of similars.

In connection with these two phases of the subject, I wish to make the following recommendation: First, that a committee acting under

the direction of the chairman of this committee and consisting of one from each college be formed, which shall go over the world's recent and current literature for reports of actual research work, bearing on our subject. The work shall be divided as the chairman of this committee sees best and the results published in the journal of the American Institute of Homœopathy. So far as possible résumés of articles shall be published. The reports shall be published monthly.

SECOND: All reports of research work from the Homœopathic colleges shall be published first in the JOURNAL OF THE AMERICAN INSTITUTE OF HOMŒOPATHY and if practical, shall afterward be collected together into a single volume for general distribution. The date of the receipt of each report shall be attached to each article when published.

THIRD: That so far as possible, publicity be extended to popular publications.

Research Work

The law of similars would be more probable to the scientific world if any of the following questions could be answered affirmatively:

First: Can diseases having a known etiology and which are cured by the development of immune substances, be actually prevented by the administration of similar remedies?

Second: Can the physical changes produced by disease be duplicated in healthy animals by similar remedies?

Third: Can actual immunity be established in animals in sufficiently large numbers to leave no doubt?

Fourth: Do chemical substances other than proteins excite the production of actual immune bodies?

Suggestions as to Carrying Out the Work

First: That the colleges be arranged in groups of two and that each group perform the same line of experiments as nearly as possible. Second: That this committee shall be recognized as a committee of the College Alliance and that all necessary incidental expenses be borne by the Alliance. Third: That all research work done by any college shall be done with the assistance and advice of competent physiologists, pathologists and chemists.

Moved by Dr. Wilson that the preamble and first clause of the scheme presented by Dr. Wilson as amended be adopted. Seconded by Dr. Widman. Carried.

Moved by Dr. W. B. Hinsdale that the second clause of Dr. Wilson's report be adopted. Seconded by Dr. Widman. Carried.

Dr. Blackwood moved the adoption of the third portion of Dr. Wilson's report. Seconded by Dr. W. B. Hinsdale. Carried.

Under the heading (suggestions as to carrying out the work) it was moved by Dr. Cobb that the first, second and third portions of Dr. Wilson's report as amended be adopted. Seconded by Dr. Blackwood. Carried.

Moved by Dr. Blackwood that the necessary expenses of this meeting including the manifold report for the different colleges be presented

to the treasurer of the College Alliance when certified to by the chairman. Seconded by Dr. A. E. Hinsdale. Carried.

Motion to adjourn. Carried.

A. E. Hinsdale, M. D., Secretary.

Dr. Cobb made the following motion which was unanimously carried: Resolved: That a standing committee with a chairman, appointed by the College Alliance and representative selected by each College, constitute an "inter-collegiate committee for co-operative drug research."

Upon motion of Dr. Cobb, the committee appointed at the Detroit meeting upon "co-operative drug research," be continued until the annual meeting of the College Alliance in February, 1916.

Dr. W. B. Hinsdale was called upon to report on a committee on Nomenclature which was appointed at the Detroit meeting. Dr. Hinsdale reported that letters had been written to the other members of the committee, Drs. Wilson and Sutherland, and stated that the committee needed more time.

Dr. Dewey moved that a standing committee be appointed. Motion was unanimously carried.

Upon motion of Dr. Cobb, the committee appointed at Detroit, consisting of Drs. W. B. Hinsdale, J. P. Sutherland and W. H. Wilson, was continued until the annual meeting of the College Alliance in February, 1916.

Dr. Cobb moved that a standing committee on "Collation of Homœopathic Verification" be appointed. Motion carried.

Upon suggestion of President Copeland, which was concurred in by the Alliance, the appointment of the committee on collation of homœopathic verification was left in the hands of Dean Hinsdale, University of Michigan, College of Homœopathic Medicine, and Dean Cobb, Hahnemann Medical College of Chicago.

Upon motion of Dr. Wilson, this committee was requested to begin the report of homœopathic verifications in the January, 1916, issue of the Journal of the American Institute of Homœopathy.

Dr. Wilson moved that it be the sense of the Alliance that Dr. A. E. Hinsdale be designated as a special representative of the Alliance to present to the various college faculties a plan for the laboratory method of teaching Materia Medica, the expense of such travel to be borne by the Alliance. Motion carried.

Dr. Cobb moved that a committee of the Deans of the Colleges be appointed to formulate a course of Materia Medica to extend throughout the four years of the medical course. Motion unanimously carried.

Upon motion it was voted that the annual meeting of the College Alliance should be held, either the day before or the day following the meeting of the American Medical Colleges, the day to be decided upon by the officers of the Alliance. Motion carried.

It was voted to leave the preparation of the program in the hands of the officers of the Alliance.

Meeting adjourned.

Claude A. Burrett, Secretary.

NATIONAL SOCIETY OF PHYSICAL THERAPEUTICS

Minutes of the Twenty-third Annual Session

Reported by the Secretary, Laura J. Brown

The first session of the society was called to order by President Mills, at 3:30 p. m., in the Rose room of the Sherman House, Chicago, Illinois.

In the absence of the secretary the reading of the minutes of the last meeting was omitted, and Dr. Laura J. Brown of Lincoln, Neb., was appointed secretary protem by the chair.

The report of the treasurer was then presented as follows:

Balance in the treasury June 16, 1914	$406.09
Received through dues during the year	113.00
	$519.09
Disbursements during the year and the individual bills filed here amount to	44.65
Leaving a balance in the treasury at the present time	$474.44

The report having been received, the chair appointed Drs. W. F. Baker and Laura J. Brown as auditing committee. The nominating committee was also appointed at this time and consisted of Drs. W. H. Dieffenbach, Rollin H. Stevens and E. B. Hooker.

Taking up the scientific work of the society, the president's address was then read. The secretary appointed Dr. A. E. Smith chairman of committee on same.

Dr. W. Franklin Baker presented his paper on "Electricity in Eye Practice," discussed by Drs. Brown and A. E. Smith.

The Bureau of Radiotherapy was opened with Chairman W. H. Dieffenbach in the chair. The first paper read was by Dr. Rollin H. Stevens, on the "Coolidge Tube." Dr. Dieffenbach made extended remarks on the subject.

Dr. John W. Lee, with a paper on "Causes of Opposition to Radium Therapy," was next presented and explained that the subject matter of his paper had already been presented to the Surgical Society, and instead of a formal paper made some impromptu remarks, and invited Dr. Dieffenbach to supplement the same.

Dr. Dieffenbach's paper on "Color Photography" was reserved for a joint evening session on Thursday night, with the Obstetrical Society and Genito-Urinary Bureau.

The Bureau of Kinesotherapy, Dr. Laura J. Brown, Chairman, then reported. "Skeletal Diagnosis and Adjustment," by Dr. G. H. Patchen, was the first paper. The following list of disputants is proof of the interest created by the paper: Drs. Dieffenbach, Hooker, Mills, Stevens, Smith, Sutherland, Rowse, Hubbell and Roemer.

"Spondylotherapy from Another View Point," by Dr. Harlan P. Cole, was the concluding paper in this bureau, and was very generally discussed.

The second session of the society was the one already referred to,

and our contribution was Dr. Dieffenbach's paper on "Color Photography."

The final session was held Friday afternoon in the Rose room.

Dr. Smith presented the report of the committee on President's address, which was adopted.

On motion duly seconded the treasurer was instructed to invest the major part of the surplus funds in some interest-bearing security.

The names of Drs. J. S. Roemer, John Hubbell, Mary E. Hanks, Cecilia P. Kimball, D. R. Hinman, J. R. Mitchell and Ysabel G. Richmond were presented for membership and elected thereto.

The nominating committee reported the following list for next year's officers: President, Harlan B. Cole, New York; First Vice-President, Cora Smith King, Washington, D. C.; Second Vice-President, C. E. Williams, Hot Springs, Va.; Secretary, E. P. Mills, Ogden, Utah; Treasurer, A. E. Smith, Freeport, Ill. Additional members of executive committee: G. H. Patchen, New York, and Clara E. Gary, Boston, Mass. On motion the secretary was instructed to cast unanimous ballot for these nominees.

The policy of the society in the future was discussed and it was decided to make the appeal to the general practitioners rather than the specialists of our number, and $25.00 was voted for the use of the secretary to attempt to increase our membership by bringing to the attention of those we wish to interest, the aims of our society.

The Bureau of Hydro and Phototherapy, Dr. A. E. Smith, chairman, then reported. Dr. Smith read his paper on "Water as a Therapeutic Agent."

The closing bureau to be presented was the new one, Dietetics, for whose splendid program Dr. Clara E. Gary, of Boston, was responsible.

The first paper presented was by Dr. G. Carroll Smith, of Boston, "Diet in Chronic Cardiac Diseases." Dr. Smith congratulated our society on being the first in the country to establish such a department, and his paper was especially valuable and enjoyable. The interesting discussion was participated in by Drs. Dieffenbach, King, Hanks, A. E. Smith, Tenney and Hooker.

A vote of appreciation and thanks was rendered Dr. Smith by the society.

The papers of Dr. J. P. Sutherland on "Diet as a Cause of Disease," E. B. Hooker on "Diet in Middle Life and Old Age," and Dr. Clifford Mitchell on "Diet in Diabetes Mellitus" were then read and discussed as a whole by Drs. Dieffenbach, King and others.

It was the opinion of those present that this has been one of the best sessions the society has ever held. Adjourned.

Modern Tonsil Surgery. *Three Operations.* Sharp Dissection with Guillotine, the Sluder Guillotine operation, and Blunt Dissection with Snare, also to touch upon the indications for tonsillectomy.

Indications. In no branch of surgery has more progress been made in the last decade than in that upon the faucial tonsil. New ideas and new theories are being advanced almost daily, but we are confronted with so many proved facts that it is unnecessary to take up any of your time in wandering through the fields of theory. We know absolutely, without the shadow of a doubt, that the tonsil is a hot-bed of infection. The literature and clinical records teem with cases of tuberculosis, rheumatism, kidney infections, heart lesions and secondary involvement of the thyroid gland, which have been definitely traced to the faucial tonsil as their starting point. The presence of any of the above conditions, provided, of course, that the main etiological factor is the tonsil, is quite enough indication for its complete removal.

Choice of Operation. In choosing your operation two factors should enter into the selection, namely, "safety first," then thoroughness. The ideal operation being that one which combines these two all-important requisites.

* * * * * * * * *

Resume. Of one hundred and thirty-two cases of tonsillectomy, eight of which were performed by the Sluder method, one hundred and twenty-four by blunt dissection and snare as described. The patients varied in age from three to fifty years. Ninety-eight were operated under general anesthetic, thirty-four under local, novocaine or cocaine being used. In one of the Sluder cases a slight hemorrhage occurred four hours after operation. It was, however, not of enough severity to require my attention but was quickly controlled by the intern in charge. None of the other cases had any bleeding whatever after leaving the operating room, nor was there any other complication.

I thoroughly believe, even with the few cases I have reported to substantiate my argument, that the safest way of completely removing the faucial tonsils is with the blunt dissector and snare, and until I am convinced to the contrary I shall continue to use this method to the exclusion of all others.—*The Clinique, June, 1915.*

THE JOURNAL
OF THE
American Institute of Homœopathy

Vol. VIII. FEBRUARY, 1916 No. 8

SOME EXPERIENCES WITH LOCAL ANESTHESIA*

By Hugh M. Beebe, M. D., Ann Arbor, Michigan

The use of some of the newer derivatives of cocain has rendered more vast the possibilities of local anesthesia as a more or less routine procedure. Allen's recent book on this subject certainly demonstrates this fact. Any one glancing over this work is astounded by the number of major operative procedures which have been carried out successfully upon thoroughly conscious patients. Up to the last few years rarely has cocain or any preparation of it been the anesthetic of choice in any major procedure. It is doubtful whether, even at the present time, it is the choice from the standpoint of the operator. However, a closer acquaintance with its anesthetic powers certainly brings about a wholesome respect for its possibilities.

Our more recent experience with local anesthesia has been limited to the preparation of novocain in from ¼% to 2% solutions with or without adrenalin. This drug, while less toxic and less anesthetic than cocain, is readily sterilized and its effect is lasting enough for almost any procedure. We are committed to its use in strengths less than 1%, preferably ½%, particularly where the subcutaneous tissue is at all dense. The use of any large quantity of this strength makes its use less desirable where the underlying sensitive tissues are loose and readily distended; the distortion in these instances is productive of some slight difficulties. This holds true in bone work, more particularly amputations. If the underlying tissues are not dense and at the same time possessed of a relatively meager sensory nerve supply, the weaker solutions are thoroughly adequate. We have not found the ¼% solution as positive in a given series as the ½%. Possibly a more careful technic will give us a different result in the future. However, it has been our experience, that the use of a

*Read at the Surgical and Gynecological Society, 1915.

considerable amount of the anesthetic in the weaker strengths, beyond a certain point has not been productive of good results. I refer to an inhibition to primary union possibly the result of lowered resistance due to pressure necrosis.

One thing is certain, that is, that a considerable number of patients with surgical lesions are prevented from undergoing operative procedures from fear of anesthesia. The number is not large, but quite a few of these people, when acquainted with the possibilities of local anesthesia, submit to surgery. This is particularly true of the patient with hernia. In all of us there is an innate fear against being forced beyond the limits of consciousness, whether it be by ether, chloroform, or nitrous oxid. It was for this reason that we attempted a series of hernias under local anesthesia and our results stimulated efforts in other fields. We were endeavoring to ascertain the value of novocain anesthesia as a routine procedure, and not as an anesthetic of choice necessarily resorted to in certain exceptional conditions of the patients resulting from toxemias of one sort or another.

This method makes for a more careful technic in that it requires the most careful handling of tissues not anesthetized, and does away with the ordinary tugging, pulling and blunt dissection, to a large degree. It necessitates sharp dissection and gentle manipulation and certainly is educational to the operator since it emphasizes the fact that frequently he is the cause of unnecessary trauma when operating under ether.

As a routine measure we have administered morphin in ¼ grain doses, one hypodermic, one-half hour prior to operation, combined with atropin 1/150 grain, in all cases excepting goiters, whether they be of the toxic type or not. I refer now to the adults, as we have not been satisfied with results in children by any method other than general anesthesia. The evening prior to operation, it is well to administer some preparation that will assure a good night's rest. Aside from this, the routine preparatory measures of the field to be invaded are carried out. The diet has been liquid for twelve hours preceding operation and plenty of water insisted upon. The patient is not told that there will be no pain, but rather, that if pain is experienced it is unnecessary and it can be done away with readily. This is very important, as it prepares the patient for some degree of unpleasant sensation and prevents him from losing confidence in the operator and his method. Absolute quiet is essential during the procedure, as any unnecessary conversation or noise is disturbing to the

quiescence induced by the morphin. The greatest value in the morphin is that it removes the fear and makes for a state of indifference, even in the most sensitive nervous people.

The ordinary hypodermic syringe is very satisfactory in injecting the field. Three of these kept filled by nurse or assistant prevents delay. The method is infiltration of skin till an anemic wheal is produced in the skin, the needle advanced to the limit of this wheal and a new one formed, thus advancing in an anesthetic area to the desired extent. No wait is necessary and none is desirable, as at best the time of operation is prolonged considerably over the general method. The skin incision is immediately made and infiltration of the subcutaneous tissues carried out, more particularly in the areas immediately adjacent to the blood vessels. Immediate division and infiltration of succeeding areas rapidly brings one to the area desired.

We have not found it necessary to use the large quantities of the solution in 10 cc. syringes so commonly recommended, but rather feel that this makes for areas of tissue pressure and subsequent necrosis, or, at least, lowered resistance. The minimum amount of solution necessary to complete anesthesia is the required amount, and this fact should be thoroughly appreciated. I might say in this connection that we have extirpated a large hyperplastic thyroid with toxemia present, under 1/10 grain of novocain.

We have used this routine method in goiter work for some months with the exception of three circumscribed adenomata, two having had previous operations under general anesthesia and would not consent to local attempt, and the third case was a moron type. The remainder include 15 partial thyroidectomies, 12 of which presented varying degrees of hyperthyroidism. The remaining three were of the simple cystic type operated for pressure symptoms or cosmetic reasons. No preliminary ligations were performed in toxic cases, but all were given preliminary medical treatment for from one to three weeks. None of the Basedow type were severe enough to demand ligation after rest and medical supervision, which latter consisted of lycopus virginicus, gtts. v every hour. The 1x dilution was used and an ice pack over precordium. In these cases the skin was thoroughly infiltrated for the collar incision, and in three instances this was sufficient for the complete operation. After the skin was divided and with it the platysma, an injection into the muscles was made before lateral section was possible. For the remainder of the procedure

little or no anesthetic was required. The recurrent laryngeal nerve is reasonably safe with the patient telling you how he feels every few minutes, and this is not to be lightly considered as an advantage. In two instances, sensation had returned to the skin before we sutured it, due to a prolonged siege with hemorrhage. The capsule of the gland and the gland tissue seem entirely devoid of sensory endings. The first 24 hours postoperative are not unpleasant except for the swelling and consequent dysphagia, and is marked by the absence of vomiting of the postanesthetic type which makes for secondary hemorrhage and infection. This list of experiences, while not lengthy enough to be conclusive, is certainly interesting. We have had not more than the ordinary amount of hemorrhage, but on the other hand fortunately we have not had to deal with a marked substernal growth.

Since writing this paper, we have had one unpleasant experience, the result of our anesthetic technic. A young man with hyperplastic goiter, toxic in type, received the usual preparation for partial thyroidectomy under novocain. From the beginning of the operation, severe pain was complained of at every step. Ether was resorted to and the operation completed under 1½ oz. of the general anesthetic. The urinalysis showed some albumin prior to operation. The lobe removed was markedly substernal and the hemorrhage difficult to control. Five hours postoperative, the hemorrhage suddenly began, necessitating opening the incision and packing the substernal space. Meanwhile shock came on, pulse disappeared, and a general state of acute thyroid toxemia presented itself. Patient remained in a critical state some 24 hours and rallied. I believe our experience in this case was the result of poor technic so far as the local anesthesia was concerned, and the ether attacked the already slightly involved kidneys.

Our experience with hernias has been more extensive and covering a greater period in the service of Dr. Naylor and myself. We have had but one instance in which we had to resort to general anesthesia, because of pain. We also had one failure in skin repair necessitating a secondary operation, the result I believe of a too large amount of anesthetic. Of course the peritoneum must be anesthetized, but the projection forming the sac seems to have a decreased sensibility. Frequently a large incision must be made to avoid trauma and handling. Isolating the cord, if done gently, is not painful in the extreme, but is unpleasant, as is the region of the deep epigastric artery and veins. Congenital types are best repaired under general anesthesia because of the degree of ad-

hesions. We have attempted only two of this type but the conditions were not of the best, and we have resorted to ether when a congenital type was suspected.

We have not been successful in intra-abdominal work, but I feel our lack of success has been due to faulty technic. Quite remarkable, however, is the fact that our only two successful intra-abdominal procedures under novocain were conditions involving a hypersensitive peritoneum; namely tubercular peritonitis. Only two gall-bladder operations were attempted, and in both instances the method was abandoned for ether. The gall-bladder was carefully palpated, however, and diagnosis of stones positively made, in one instance ruling out a previous diagnosis of malignancy, in another institution. Our failure in these instances has been our inability to anesthetize the parietal peritoneum holding the gall-bladder to the liver and posterior abdominal wall, which is particularly sensitive. In the light of these experiences, further intra-abdominal work has not been attempted.

Two amputations of the tibia in the upper third, in patients who were not toxic, were successful, but attendant with some degree of pain. The removal of growths of various sizes and consistencies from the extremities, including a very sensitive neuroma of the leg and a sarcoma of the groin, were very satisfactory. Small carcinoma of tongue, several epitheliomata of the lower lip, and a radical excision of cervical glands were also added to the group. A firmly attached chondroma of the sternum was absolutely painless with infiltration anesthesia. A radical breast operation failed and ether had to be called in.

These are a few of the scattered instances of an attempt to judge the value of local anesthesia as a routine procedure without selecting cases. As an anesthetic of last resort or in patients *in extremis,* we are all more or less familiar with its use, but to give it a place of rank one needs only to peruse the writings of hundreds of men in this country who are using it as frequently as they use ether and with as pleasant results. Our experience has demonstrated to us at least a larger field of usefulness for this procedure than we had formerly suspected.

815 Forest Avenue.

Discussion

Dr. E. Stillman Bailey, Chicago: It has been my fortune to use novocain in but three instances. But a Chicago dentist told me this very agreeable story this last week: "The difficulties in dentistry and

dental surgery are simply enormous, because of the sensory nerves involved, intensely interesting from a pathological standpoint, also as to technic and management. The dentist goes above the seat of pain, along the nerve trunk, higher than the distribution of the terminal fibers of the sensory nerves. As a result, there is nerve block, a sensory blocking of the terminal nerve fibers. It is a question among dentists at the present time whether the day of local anesthetics is not at hand. The time is near, at any rate, when the horrors of the dental chair will disappear under the use of local anesthesia. Not all dentists will take it up. Perhaps the technic is too difficult, but the possibilities are there."

Now if dental experts will take any form of dental surgery and block the sensory fibers beyond the terminal nerve so that an operation will be painless, and if in the general surgical field we can go directly to the point of local inflammation with local anesthesia, we might go a little further and create nerve block at the point of nerve distribution to the field of operation, and then make another injection over the point of incision.

I had the good fortune to use novocain in a case of deep cervical laceration. In that instance it was perfectly satisfactory to the patient. And I assure you it was satisfactory to me, because it was a case in which it was impossible to give a general anesthesia.

Dr. A. E. Booth, Minneapolis: In thyroid cases I have had just an even dozen in which novocain has been used, for both extirpation and ligation. In all those cases, its use has been very satisfactory. Before that I had been doing a little work, beginning the infiltration under gas anesthesia, but I can see no advantage in doing the work in that way, while there are some disadvantages. So lately I have done all the work under local anesthesia. There is certainly less after-pain, and the post-operative pain is much more easily borne. Then, too, the patient approaches the operation with far less fear. I made one mistake in one case in which gas anesthesia was used. After ligating above and below a small gland in a case of hyperthyroidism, thinking all vessels thoroughly blocked, the gland was so temptingly free, I excised it. The patient died. Death was imminent before the operation, but the patient might perhaps have lived had I been satisfied with ligation. All my work with novocain has been very satisfactory. I have used it all over the body, but not to as large an extent as Dr. Beebe reports. The technical part is this: if our anatomical knowledge is exact enough to reach the nerve trunk above the site of operation with our infiltration, anesthesia is easily obtained. Then it is simply nerve block. Usually we have to infiltrate the whole area. The field of local anesthesia is one that is full of interest, and I think we are all going to do much more of it in the future.

Dr Beebe (closing the discussion): I have nothing further to say, except that the procedure we use is not nerve block, but simply an infiltration anemia. In one case we tried sterile water. That was in a herniotomy. There was some pain. The anesthesia does not depend upon nerve blocking, as the nerve trunks are not searched for at all, but simply infiltration.

BUTYRIC ACID—A PROVING*

Made by the Master Prover, Donald Macfarlan, B. S., M. D., Philadelphia

The following data were elicited from provers of the pre-medical and of the first year class at the Hahnemann College under the Constantine Hering Foundation. With the sole exception of Mr. DiMedio all the provers took the 3x potency every 2 hours. Mr. DiMedio took the 30x every 2 hours. The provers took the medicine from the time of morning arising to bedtime.

Butyric acid is one of the acids of fermentation. Its chemical formula is C_3H_7. COOH. It occurs in the animal organism under a variety of conditions. It is chiefly characteristic of butter, being found there in the form of an ester, a triglycerid, and as such constitutes the chief fat of butter and milk. To butyric acid, set free by fermentation, is due the peculiar rancid taste and odor of contaminated butter. When milk sours, milk sugar (lactose) is converted into lactic acid by the lactic ferment of various bacteria in accordance with the following equation:

$C_{12}H_{22}O_{11}$ (lactose) $+ H_2O = 4(C_3H_6O_3)$ (lactic acid).

The lactic acid is then acted upon by butyric acid ferment contained in the air:

$2(C_3H_6O_3)$ (lactic acid) $= C_4H_8O_2$ (butyric acid) $+ 2(CO_2) + 2(H_2)$.

Butyric acid in pure condition is a strongly acid liquid, mixing with water in all proportions and having a boiling point of 163° C. It may be present in the gastric contents under abnormal conditions, viz., with a markedly diminished HCl secretion. In excessive fermentation in the enteric tract, butyric acid may be formed in significant amounts.

Arranged According to the Hahnemann System

Mental and Moral

Removed in the prover a disposition to worry over trifles. Physical tire with an associated hyperactive mental state also removed in the proving. (Hamer)

*Bureau of Clinical Research, A. I. H., 1915. Portions of this proving published in Hahnemannian, Aug., 1915.

Developed a headache which makes him apprehensive about trifles. (Hobart)

The proving produced a general sensation of well-being. (Ursprung)

One prover was affected in such a manner that he seemed to lack ambition. (Myers)

Developed great fear, and in the evening this fear was greatly accentuated. Had fear of being shot. This condition of fear forced him to bed. In this prover, the mental symptoms became so alarming, he volitionally stopped taking the remedy, and upon so doing, the mental symptoms soon cleared up. In one of the provers, and I think possibly it was this one, he developed very serious thought of self-destruction. These thoughts very nearly got the better of him while waiting for an elevated train and he was compelled to enter the station to prevent himself from attempting suicide on the approach of the train. On stopping the remedy, this condition soon cleared up. (Kistler)

Head

Pain over the forehead, down to the back of the neck, and aggravated on pressure. Slight headache over the eyes, which was dull and constant. Dull headache of constant nature in the forehead this evening. For at least three days running in the middle of the afternoon a throbbing headache over the eyes, gradually working backwards to the occiput, which is involved in the evening. This condition is relieved more or less if he gets out in the air. (Myers)

Severe headache, which extended from the right eye to the central portion of the head on the right side. The headache is worse when going upstairs or on rapid motion. It was of a throbbing type. After eating dinner at 12 o'clock it was not so severe. (Pettler)

Headache over the left eye, which extended backwards. The man has a headache which makes him apprehensive about trifles. Also, a dull and hazy ache in the head nearly all the time which makes his head feel hot and warm. Slight dull headache occurs again along with pains in the bowels. Slight headache all day. Some headache across the forehead which depresses him. (Hobart)

Very bad headache (the worst he ever had in his life). It was located at the angle of the inferior mandible. The carot-

ids pulsated violently. His temperature at this time was 97 2/5° (ordinarily it is always normal). The headache came on in the afternoon. It lasted eight hours. The headache was concentrated, low in the head, and it was hard for him to fall asleep. The condition was much worse on movement in bed. (Kistler)

Headache through the temples, a dull pain. (Webb)

Severe headache, which extended from the right eye to the central portion of the head on the right side. The headache worse when going upstairs, or on rapid motion. It was of a throbbing type. After eating dinner at noon it was not so severe. (Pettler)

Looking at one thing any length of time, noticed a disturbance in vision. On ocular exertion, the objects which he was drawing ran together (this was rare, ordinarily when using his eyes much). (Hamer)

Headache over the left eye, which extended backwards. (Hobart)

Slight pain over the eyes, dull and constant. The last three days in the middle of the afternoon, throbbing headache over the eyes, gradually working backwards to the occiput, which is involved in the evening. This condition is relieved more or less if he gets out in the air. (Myers)

Ears. Negative.

Face. Negative.

Nose. Negative.

Teeth. Negative.

Neck

Pain over the forehead, down to the back of the neck, and aggravated on pressure. Last three days in the middle of the afternoon, a throbbing headache over the eyes, gradually working backwards to the occiput, which is involved in the evening. This condition is relieved more or less if he gets out in the air. Neuralgia in the back of the neck. (Myers)

Mouth

By sucking or drawing the gums, an excess of blood comes. At first, it was blood, later, by rubbing the tongue on the gums inside the upper jaw, sialorrhea. Excess of saliva comes on without any effort on his part. At times in the morning and during the day an involuntary spitting of blood. The

blood is thick. He can expectorate six or eight times successively pure blood, this two or three times during the day. In the morning, phlegm in the throat; the phlegm has a kind of a dark core to it and the color between a grey and greenish tint. (Hobart)

In the morning a dark brown and hard phlegm is raised with great difficulty. (Myers)

Chest

Pain across the whole chest, worse over the mammary region. Continuous pain as before and also worse over both mammæ. These pains are of a bruised-like nature. (Kistler)

A spot about an inch above the right nipple sore to touch; no pain with it. (Webb)

Pain at the base of the sternum, after meals more severe as if he had eaten indiscreetly or hurriedly. Is continuous. Had this for fourteen days running. (Hobart)

Bronchial. Negative.

Gastric

Poor appetite (does not care to eat). Appetite rather poor of late. Pain in the abdomen, after dinner this evening. (Myers)

On the third day, at the middle of the afternoon, severe cramps at the pit of the stomach; these are dull, they come and go. The pains continued all evening. He developed cramps in the stomach. Later, the pains in the stomach were very sharp. He did not relish food at his dinner at 12 o'clock (noon). At that time the stomach seemed to be overloaded and heavy, although he ate a very small quantity of food. (Pettler)

On the third day, felt pains in the pit of the stomach. They are crampy and below the umbilicus. On the fourth day, palpitation of the heart, which was unusual (palpitation in the evening and after eating). Crampy pains in the stomach at night. Loss of appetite for a week. (Hamer)

Distention with gas after eating. Is passing this per rectum, which helps the pain somewhat. (Kistler)

Much belching. He has a bitter taste during and after belching. The appetite poor for the past few days (normally this is very unusual). Belching after meals. This is sour after meals, as a rule. At other times it is tasteless. Belch-

ing more in the evening. Belches sour gas after meals and belches gas but not sour at various times during the day. There is loss of appetite for a couple of weeks, which is very unusual with him. (Hobart)

Abdomen

Pains in the abdomen below the umbilicus. Passes a lot of gas. Pain in the abdomen below the umbilicus, which came suddenly about 12:45 and lasted for about ten minutes and left just as suddenly. Passed much gas. Passed a quantity of gas through the day. Woke up twice during the night with severe pains in the abdomen and had them when he arose, but they ceased about 10 a. m. Pains in the abdomen seem now more intermittent; they come quickly, lasting from three to ten minutes, and go very quickly. Passed a large quantity of gas. Next day passed much gas. Pain in the abdomen after dinner this evening. Passed much gas. Intense pain in the abdomen in the early part of the evening, which passed away towards 9 p. m. Passed much gas. The pain is intermittent below the umbilicus (the first pain in the proving was constant, day after day, for from seven to ten days. At that time, sleep abrogated the condition. After this first period of from seven to ten days, the pains changed in character. They became intermittent and the prover was awakened three or four different nights, and when so awakened found himself with his knees drawn up by cramp. Stool accompanied by much gas, which mostly precedes the motion. Intense pain in the abdomen below the umbilicus since dinner this evening at frequent intervals, and thought he must have a large stool; gas alone was passed. Passed much gas. Intermittent pains in the abdomen throughout the day. Passed much gas. Passed much gas following this. Pain in the abdomen below the umbilicus this evening. Passed quite a bit of gas today. (Myers)

On the third day, at the middle of the afternoon, severe cramps at the pit of the stomach, are dull and would come and go. The pains continued all evening. Cramps in the stomach. He passes much gas, which gave relief. Later, the pains in the stomach were very sharp. (Pettler)

On the third day he felt pains in the pit of the stomach. They are crampy and below the umbilicus. He had slight pain in the lower part of the intestines for about one and one

half hours in the evening. At the time of the cramps, he passed gas by the rectum. Crampy pains in the stomach at night. (Hamer)

At about 3 to 4 o'clock in the morning, awakened by cramps just below the umbilicus. After eating, pains in the belly, which are relieved by belching or passing of gas (the gaseous condition rare). During sleep, pains in the belly, coming and going. Pains often after meals. Desire for stools several times, but the only thing passed was gas. Pains in the early morning (almost always around 3-4 o'clock, he thinks). Shifting bowel pains, at times high up in the abdomen. Continual pains in the bowels. Pain in bowels during the night and after meals. He passes gas before stool very freely. Bowel pains, but less severe and continuous. (Hobart)

Intermittent dull pains below the umbilicus and considerable gas which was passed per rectum. Intermittent pain below the umbilicus. Dull, intermittent pains in the lower part of the abdomen. Considerable gas in the intestines. Very sharp pains in the lower part of the abdomen. This has continued intermittently for over a week. Intermittent pains in the lower part of the abdomen, particularly on the right side. Continuation of the pains, accompanied by gas. Same intermittent pains today. Sharp pains in the abdomen. (Ursprung)

Pains below the umbilicus, colicky in nature and constant. They came two days after taking the medicine. This condition has been continued for days. Distention with gas after eating. Is passing this per rectum. This helps the pain somewhat. (Kistler)

Pains below the umbilicus. Pain running down the right side of the abdomen into the right testicle. The pain was steady. It was also dull. (Webb)

On the second day passed a good deal of gas through the rectum. (DiMedio)

Stool

Stools required urging, hard and small in quantity. Felt later on in the proving as if he were going to have a bowel movement, but could not. (Pettler)

Stools naturally are dark; the remedy has caused them to be a lightish yellow, not so much in amount as before the medicine. Desire for stools several times, but the only thing that was passed was gas. Bowels move more often than usual.

The stool is small, hard and dark and requires much urging (most unusual from the normal habit). He passes gas before stool very freely. Bowels more open. Straining. This has kept up steadily for five days now. Stools for days have been lumps, small in amount, hard and dark; come only after much straining and gas (never had this before). Stool in small lumps, which are dark (unusual in the normal state). Stools less frequent and require urging; stools not very large. (Hobart)

Bowels are very irregular; this not usual with him. (Kistler)

Stool accompanied by pain. Stool accompanied by much gas, which mostly precedes the motion. Intense pain in the abdomen below the umbilicus since dinner this evening at frequent intervals and thought he must have a large stool, but gas alone was passed. In the proving, now, for four days steadily, "passed much gas." On the fifth day, passed quite a bit of gas. Stools are much larger than normal. They require urging, a necessity foreign to the prover normally. (Myers)

On the second day, passed a good deal of gas through the rectum. Bowel motions larger in amount. The frequency is the same (about once daily). (DiMedio)

Urinary and Sexual

Pain in the bladder, just after urination, which pain is fugacious and sharp. (Myers)

Urination becomes peculiar (long intervals and a large quantity). Normally he voids a small quantity and often. (Pettler)

Frequent urination, the desire comes quickly, he cannot hold it well. Before the proving, he also voided frequently, but the medicine accentuated the frequent character. (Kistler)

Pain running down the right side of the abdomen into the right testicle. Pain was steady and dull. (Webb)

Back

Dull pain and a very weak, tired feeling in the man's back, in the lumbar region. *Tired feeling and dull pain in the small of the back, which was aggravated on walking.* (This is prominent; has had it for about twelve days running; has it all

day long.) Back still very weak below the kidneys, increased on much walking or going up steps; a constant condition. This condition lasted continuously for nineteen days running. Relieved if he can lie on back and stretch. Same dull pain in the back; a tired and weak feeling with it. If he walks rapidly or goes up steps, the steady pain becomes quite intense and much sharper. Same pain and tired back condition. After a walk in the afternoon, very weak in the back. Pain and extreme tired feeling in the back below the region of the kidneys all day. Pain and tired feeling in the back below the region of the kidneys all day, again repeated. Again repeated. Same pain and weak feeling below the kidneys. (Myers)

Tired feeling across the back (low down). Dull pain for weeks low down in the back and extremities. Depressed feeling in the lower extremities and low down in the back. (Hamer)

Pain across the back; dull and steady all the time nearly, and aggravated in the evening. (Hobart)

Pains in the back, particularly in the left side. Pains in the back, of an intermittent, dull character. (Ursprung)

Cutaneous

For the first time in his life developed brittle finger nails. After stopping this remedy, they became normal. When proving, almost all the finger nails broke off. (Kistler)

Upper Extremities

Perspiration in the palms of both hands. (Hobart)

Pain in the right arm, a dull pain in the nerve, runs in the biceps muscle to the middle of the forearm. Is constant for many hours. Pain in the right arm continued for thirty-six hours altogether, then switched to the left arm but only continued there for twelve hours. In the left arm the pain was the same as in the right, dull, annoying and constant. (Hamer)

Lower Extremities

During the afternoon experienced cramps in the right leg, above the knee. (Pettler)

Feet sweat quite a lot, as socks were wet through this evening. Feet sweat abnormally, odor offensive. Pain in feet and ankles. Pain in ankles and up the back of the leg, mostly in the evening. It is of a dull character. Have had it a long time. Pains in the legs, mostly in the evening. In the ankles

in the evening, especially in the right leg, very sharp pains. So sharp could hardly stand on this leg at one time in the proving. It was worse on moving the foot around. (Myers)

Lately has to change socks oftener, due to increased perspiration about feet. Excessive perspiration of the feet. (Ursprung)

In the muscles of both legs below the knee, dull aching pain, constantly increased in the evening. (Hobart)

Excess perspiration of the feet and perspiration from very slight exertion. Legs feel very tired and they ached so it almost pained him. The pain was constant, too; always worse at night. Dull pains for weeks, low down in the back and extremities. Depressed feeling in the lower extremities and low down in the back. Sharp pain just between ankle and the calf of leg, more noticeable in the right leg; has had it for days. Pain more or less constant on exertion. (Hamer)

Sleep

Man has been sleeping better since the proving; used to be occasionally restless about every third night. For eight nights steadily he has slept well (only one dream in that time, and that was pleasant). Sleeping better than usual; has been now for two weeks this way. Since taking the remedy the sleep has improved on the whole. (Hamer)

Dreams disturb his sleep, causing restlessness (usually a sound sleeper without dreaming. Dreaming as a rule very rare). During sleep, intermittent pains in the belly. Restless during the night. Dreams that could not be remembered, except in parts just sufficient to know he had dreamed, are disturbing to him. Did not sleep soundly and was restless. Later, slept well during the fore part of the night, very restless during the latter part. Later, very poor sleep. Dreams of a serious nature. Rolled and tossed all night, and sleep did not rest him. The last couple of nights slept soundly all night. Sleep restless. Very poor sleep for about two weeks with the exception of a couple of nights (his normal state is very sound sleep). Later, very poor sleep, restless, no sound sleep. Sleep restless. Several nights could hardly sleep at all, tossing about all the time. (Hobart)

Sleep has been improved. Is very sound. Much sounder than usual and more refreshing. Since taking the medicine, sleeping much sounder. (Ursprung)

Sleep sound, but felt tired when he arose. The prover awakened three or four different nights by intermittent pains; when so awakened, finds himself with knees drawn up by cramp. Sound sleep later. Still later, more or less restless, but felt rested when he arose. Sleep sound. Awakens very early in the morning and cannot sleep,—just tosses. (Myers)

Took a long time before he could go to sleep, because of violent headache, low down. (Kistler)

General

Does not care to eat. Stool accompanied by pain. Tired feeling increased on coming up steps and somewhat relieved by stretching. Sleep sound, but felt tired when he arose. A very weak back below the kidneys, increased on much walking or going up steps,—a constant condition, lasted for nineteen days running, and relieved if he can lie on his back and stretch. Pain in abdomen after dinner this evening. After walk in the afternoon is very weak in the back. Stool accompanied by much gas, which mostly precedes the motion. Following dinner, intense abdominal pain below the umbilicus, at frequent intervals and thought a large stool imperative, but gas alone was passed. Intermittent pains in abdomen throughout the day. Seemed to lack ambition. Sleep more or less restless, but felt rested when he arose. Awakens very early in the morning and cannot sleep,—just tosses. The stools are much larger than normal. They require urging, a necessity foreign to the prover normally. (Myers)

Felt as if he were going to have a bowel movement, but could not. Did not relish food at dinner (noon). The stomach seemed overloaded, although he ate a very small quantity. (Pettler)

Palpitation of the heart, which was unusual. Evening and after eating. On ocular exertion, objects which he was drawing ran together. Removed in the prover a disposition to worry over trifles. Same prover is sleeping sounder than normally. Tired feeling across the back (low down). Since taking the remedy sleep has improved on the whole; before proving, complained of physical tire with associated hyperactive mental condition; the remedy seemed to overcome these bad symptoms. Remedy removed a disposition to worry over trifles. At nights lately the mind very active, whilst he is tired physi-

cally. Depressed feeling in lower extremities and low down in the back. (Hamer)

Man has a headache, which makes him apprehensive about trifles. Desire for stools several times, but the only thing passed was gas. Restless during the night. Dreams that could not be remembered, except in parts just sufficient to know he had dreamed, are disturbing to him. Bitter taste during and after belching. Rolled and tossed all night and sleep did not rest him. Pain in bowels seems to be during night and after meals. Belching after meals. This is sour after meals, as a rule. At other times it is tasteless. Belching more in the evening. Sleep restless. Forced to strain at stool for five days. Excess of saliva comes on without any effort on his part. Excessive saliva. Involuntary daily blood spittings; the blood is thick. Loss of appetite for a couple of weeks, which is very unusual. Tossing about all night, could hardly sleep at all. Some headache across the forehead, which depresses him. Stools less frequent and require urging; stools not very large. Pain at the base of the sternum, after meals more severe, as if he had eaten indiscreetly or hurriedly. Is continuous for fourteen days running. (Hobart)

Proving produced a general sensation of well-being. Throat congestion so marked he could not eat, because he could not swallow. (Ursprung)

Distention with gas after eating. Desire for urination comes quickly, and he cannot hold it well. Nightly aggravation marked on movement in bed. Developed great fear, which was greatly accentuated in the evening. (Kistler)

Bowel motions larger in amount with the same frequency. (DiMedio)

Summary

Symptoms as Recorded by the Provers

M. F. Pettler. (1) Severe headache, which extended from the right eye to the central portion of the head on the right side. The headache worse when going upstairs or on rapid motion. It was of a throbbing type. After eating dinner at 12 o'clock, it was not so severe. (2) On third day, at the middle of the afternoon, severe cramps at the pit of the stomach, dull and intermittent. Pains continued all evening. (3) Stool next day required urging, hard, small in quantity. (4) Next day during the afternoon, experienced cramps in the right leg, above the knee. (5) Later, felt as if he were going to have a bowel movement, but could not. (6) Cramps in the stomach, passes much gas

which gave relief. Later the pains in the stomach were very sharp (like the previous cramps). (7) Did not relish food at dinner (12 o'clock). (8) At this time, 12 o'clock, the stomach seemed to be overloaded and heavy, although he ate a very small quantity of food. (9) Urination becomes peculiar (long intervals and a large quantity passed). Normally, without any medication, voids a small quantity and often.

N. K. Myers. (1) Pains in abdomen below the umbilicus. (2) Pain over the forehead, down to the back of the neck, and aggravated on pressure. (3) Pain in the bladder, just after urination. The pain is fugacious and sharp. (4) Poor appetite. Patient does not care to eat. (5) Passes a lot of gas. (6) Dull pain and a very weak, tired feeling in the man's back in the lumbar region. (7) Appetite rather poor of late. (8) Pain in abdomen below the umbilicus, suddenly about 12:45, lasted for about ten minutes and left just as suddenly. (9) Passed much gas. (10) *Tired feeling and dull pain in the small of the back which was aggravated on walking* (this is prominent; has had it for twelve days and every day of that time and all day). (11) Feet sweat quite a lot as his socks were wet through this evening. (12) Passed a quantity of gas through the day. (13) Stool accompanied by pain. (14) Woke up twice during the night with severe pains in the abdomen and had them when he arose, but they disappeared about 10 a. m. (15) Tired feeling increased on coming up steps and somewhat relieved by stretching. (16) Sleep sound but tired when he arose. (17) Stool very watery. (18) Pains in abdomen seem now more intermittent; they come quickly, lasting from 3 to 10 minutes, and go quickly also. (19) Back still very weak below the kidneys, increased on much walking or going up steps, a constant condition. This trouble lasted continuously for 19 days running. It is relieved if he can lie on his back and stretch. (20) Passed large quantity of gas. (21) Next day passed much gas. (22) Same dull pain in back, has a tired and weak feeling with it. If he walks rapidly or goes up steps, the steady pain becomes quite intense and much sharper. (23) Pain in abdomen after dinner this evening. (24) Same pain and tired back condition. (25) Passed much gas. (26) Feet sweat abnormally (the odor is offensive). (27) Intense pain in abdomen in early part of the evening which passed away towards 9 p. m. (28) After walk in afternoon very weak in the back. (29) Passed much gas. (30) Feet sweat abnormally. (31) Pain in feet and ankles. (32) Slight pain over eyes. It was dull and constant. (33) Pain intermittent below the umbilicus (the first pain in the proving) was constant, day after day, for from 7 to 10 days. At that time, sleep abrogated the condition. After this first period of from 7 to 10 days the pains changed in character. They became intermittent and the prover was awakened 3 or 4 different nights, and when awakened found himself with knees drawn up by cramp. (34) Stool accompanied by much gas, which mostly precedes the motion. (35) Pain and extreme tired feeling in back below the region of kidneys all day. (36) Intense pain in abdomen below the umbilicus since dinner this evening. This at frequent intervals, and prover thought he must have a large stool, but gas alone was passed. (37) Pain and tired feeling in

feet and up legs to knees, mostly all day. (38) Passed much gas. (39) Intermittent pains in abdomen throughout the day. (40) Pain and tired feeling in back below the region of kidneys all day. (41) Seemed to lack ambition. (42) Passed much gas. (43) Pain and tired feeling in back below the region of the kidneys all day. (44) Dull tired pain in legs more or less constant up through the calf of the leg from the ankle up to the knee. This generally in the evening. (45) Passed much gas. (46) Dull headache of constant nature in forehead this evening. (47) Sound sleep. (48) Passed much gas. (49) Pain in the abdomen below the umbilicus this evening. (50) Sleep more or less restless but felt rested when he arose. (51) Passed quite a bit of gas today. (52) Same pain and weak feeling below kidneys. (53) Pain in feet and ankles this evening. (54) Sleep sound. (55) Intense pains below the umbilicus. (56) Pain in ankles and up the back of leg mostly in the evening, pain of a dull character. Has had it a long time. (57) Pains in the abdomen have changed in character, are farther apart and when they come last for four minutes or thereabout. (58) Awakens very early in the morning and cannot sleep, just tosses about. (59) Pains in legs mostly in the evening. (60) In the ankles, in the evening, especially in the right leg very sharp pains, so sharp, in fact, could hardly stand on this leg at one time in the proving. It was worse on moving the foot around. (61) Last three days in the middle of the afternoon, throbbing headache over the eyes, gradually working backwards to the occiput, which is involved in the evening. This condition relieved more or less if he gets out in the air. (62) Neuralgia in the back of the neck. (63) In the morning dark brown hard phlegm is raised with great difficulty. (64) Stools are much larger than normal. They require urging, a necessity foreign to the prover normally.

H. D. Webb. (1) Pains below the umbilicus. (2) Headache through the temples, a dull pain. (3) A spot about an inch above the right nipple sore to touch, no pain. (4) Pain running down the right side of the abdomen into the right testicle. Pain was steady and dull.

C. W. Ursprung. (1) Intermittent dull pains below the umbilicus and considerable gas which was passed per rectum. (2) Sleep has been improved. Is very sound. Much sounder than usual and more refreshing. (3) The proving produced a general sensation of well-being. (4) Intermittent pain below the umbilicus as formerly. (5) Lately has to change socks oftener, due to *increased perspiration* about the feet. (6) Dull intermittent pains in the lower part of the abdomen. (7) Since taking the medicine, sleeping much sounder. (8) Considerable gas in intestines. (9) Very sharp pains in lower part of abdomen. This has continued intermittently for over a week. (10) Intermittent pains in lower part of abdomen, particularly on the right side. (11) Continuation of pains accompanied by gas. Same intermittent pains today. (12) Sharp pains in the abdomen. (13) Pains in the back, particularly in the left side. (14) Excessive perspiration of the feet. (15) Headache more frequently across the eyes and forehead. (Rare indeed as normally accustomed to occipital headache.) (16) Pains in the back of an intermittent, dull character. (17) Congestion in throat

caused him annoyance to such an extent he could not eat because he could not swallow.

C. H. Kistler. (1) Pains below the umbilicus, colicky in nature and constant. Came two days after taking the medicine. This condition has been continued for days. (2) Distention with gas after eating. Is passing this per rectum. This helps the pain somewhat. (3) Pain across the whole chest, worse over the mammary region. (4) Bowels are very irregular, this not usual with him. (5) Frequent urination, the desire comes quickly; he can't hold it well. Before proving, he also voided frequently but the medicine accentuated the frequent character. (6) Continuous pains as before and also worse over both mammæ. These pains are of a bruised-like nature. (7) Very bad headache (worst he ever had in life and located at the angle of the inferior mandible, carotids pulsated violently, temperature 97⅘°, ordinarily normal. Headache came on in the afternoon. It lasted 8 hours. (8) That night took a long time before he could go to sleep; headache was concentrated low down in the head. That night man's condition much worse on moving in bed. (9) Developed great fear in this man. In the evening, fear was greatly accentuated. He states he had fear of being shot; this condition of fear forced him to bed. The mental symptoms became so alarming he volitionally stopped and upon stopping the mental symptoms soon cleared. (10) For the first time in life developed brittle finger nails; after stopping the remedy, they became normal. While proving, almost all the finger nails broke off.

J. A. DiMedio. (1) On second day passed a good deal of gas through the rectum. (2) Bowel motions larger in amount, same frequency (about once a day). (3) Fairly sharp pain about right temple lasting about a minute. Came and went suddenly. Came on after dinner in evening.

W. I. Hamer. (1) On the third day, he felt pains in the pit of the stomach. They are crampy and below the umbilicus. (2) On the fourth day palpitation of the heart which was unusual (palpitation was in the evening and after eating). (3) Looking at one thing any length of time noticed disturbance in vision. On ocular exertion, objects which he was drawing ran together (this is rare during his normal mode of living when using his eyes much). (4) Had slight pain in the lower part of intestines for about one and one-half hours in the evening. At the time of the cramps, passed gas by rectum. (5) Removed in prover a disposition to worry over trifles. (6) Man has been sleeping better since the proving; used to be occasionally restless about every third night. For eight nights steadily, he has slept well (only one dream in that time and that one was pleasant). (7) Crampy pains in the stomach at night. (8) Pain in the right arm, a dull one in the nerve, runs in the biceps muscle to the middle of the forearm. Is constant for many hours. (9) Pain in the right arm continued for thirty-six hours altogether, then switched to the left arm, but continued there for twelve hours only. In the left arm, the pain was the same as in the right (dull, annoying and constant). (10) Tired feeling across the back (low down). (11) Sleeping better than usual; has been now for

two weeks this way. (12) The character of the stool is small, round lumps. They are a little darker than usual. (13) Since taking the remedy, the sleep has improved on the whole; before the proving, he complained of physical tire, with an associated hyperactive mental condition and the remedy in its proving seemed to overcome these unfortunate symptoms. In the last few days, the former state has returned, however, on the continuance of the butyric acid. (14) Remedy removed a disposition to worry over trifles. (15) Excess perspiration of the feet (never had this before in life as it is now). (16) Perspiration from very slight exertion. (17) Legs feel very tired, and they ached so it almost pained him. The pain was constant, too, and always worse at night. (18) Dull pain for weeks low down in the back and extremities. (19) At nights, lately, the mind is very active, while at the same time he is tired physically. (20) Depressed feeling in the lower extremities and low down in the back. (21) Sharp pain just between ankle and calf of leg, more noticeable in the right leg; has had it for days. The pain more or less constant on exertion. (22) Loss of appetite for a week.

W. L. Hobart. (1) Awakened by cramps at night, around 3 or 4 o'clock in the morning; these cramps are just below the umbilicus. (2) The stools naturally are dark; the remedy has caused them to be a light yellow; not so much in amount as before the medicine. (3) Headache over the left eye, which headache extended backwards. (4) After eating, pains in belly which are relieved by belching or passing of gas (the gaseous condition rare). (5) Man has a headache which makes him apprehensive about trifles. (6) A dull hazy ache in head nearly all the time, making his head feel hot and warm. (7) Dreams disturb his sleep, causing restlessness; usually a sound sleeper without dreaming. Dreaming as a rule is very rare. (8) During sleep, pains in the belly, coming and going. (9) Pains often after meals. (10) Perspiration in the palms of both hands. (11) Desire for stool several times but the only thing passed was gas. (12) Restless during night. (13) Dreams that could not be remembered, except in parts just sufficient to know he had dreamed, are disturbing to him. (14) Did not sleep soundly and was restless. (15) Pains in early morning in bowels (almost always around 3 or 4 o'clock). (16) Shifting bowel pains, at times high up in abdomen. (17) Slept well during fore part of the night, very restless during the latter part. (18) Much belching. (19) Bitter taste during and after belching. (20) Very poor sleep. (21) Dreams of a serious nature. (22) Rolled and tossed all night and sleep did not rest him. (23) Continual pains in bowels. (24) Appetite poor for past few days (very unusual normally). (25) Pains in bowels seem to be during night and after meals. (26) Last couple of nights slept soundly at night. (27) Bowels move more often than usual. (28) Stool is small, hard, dark, and requires much urging. This is most unusual as far as his normal habit is concerned. (29) Passes gas before stool very freely. (30) Belching after meals. This is sour after meals as a rule. At other times, tasteless. (31) Belching more in the evening. (32) Sleep restless. (33) Bowels more open. (34) In pass-

ing motion, starting to strain for the first time. This has kept up steadily for five days now. (35) Belches sour gas after meals and belches gas but not sour at various times during the day. (36) Stools for days have been but lumps, small in amount, hard and dark; they come only after much straining and gas (never before had this condition occurred). (37) Very poor sleep for about two weeks with the exception of a couple of nights (his normal state is very sound sleep). (38) By sucking or drawing gums an excess of blood comes. At first, it was blood; later, by rubbing tongue on gums inside the upper jaw, sialorrhea. (39) Slight dull headache occurs again along with pains in bowels. (40) Same condition of gums and teeth. (41) Very poor sleep, restless, no sound sleep at all. (42) Slight headache all day. (43) Bowel pains, but less severe, continuous. (44) Following night, sleep restless. (45) Slight headache. (46) Excess of saliva comes on without any effort on his part. (47) Pain across the back, was dull and steady all the time nearly, and mostly in the evening. (48) In the muscles of both legs below the knee, dull aching pain, constant and noticed more in the evening. (49) Stool in small lumps which are dark (unusual in normal state).

Banti's Disease. Patient aged 58. Family history negative. Personal history negative. Previous history showed an attack of malaria in childhood, from which he had apparently recovered. Present illness began three years ago, when a large lump appeared under the rib on the left side. No pain. The lump gradually increased in size. Had to get up four or five times at night to urinate. Examination showed the abdomen to be enlarged: legs slightly edematous. Patient entered the hospital October 9, 1914, the spleen was removed October 12th. October 10th, two days before the operation, blood count showed, reds, 3,600,000; whites, 4,600; hemoglobin, 80%. October 13th, the day following the operation: reds, 3,800,000; whites, 12,000—almost three times as numerous as at the previous count. October 15th: reds, 6,750,000; whites, 10,400; hemoglobin, 75%. October 18th: reds, 7,000,000; whites, 5,400; hemoglobin, 75%. November 2nd: reds, 7,500,000; whites, 5,600; hemoglobin, 80%. The man was not very sick but weak and run down. After this growth was removed, it was found to weigh 7 lbs. and 13 ounces. It had been pressing on the diaphragm, causing a tremendous amount of trouble. At one point there appeared to be an infarct, which is quite common in these cases. Section showed a mottled appearance. There was some ascites, but very little liver involvement. At the time of this operation a prominent pathologist said he had known of two others in the city which had been operated upon several years before. At that time twenty-seven cases had been reported with twenty-two recoveries. My patient is alive and well, and apparently no worse off for the loss of the spleen.—*Reported to the S. and G. Society, 1915, by G. M. Cushing.*

HOMŒOPATHIC SURGERY APPLIED CLINICALLY*

By Claude A. Burrett, Ph. B., M. D., Ohio State University, Columbus, Ohio

Some question may arise in your minds as to what is meant by homœopathic surgery. If such is the case, my suggestion to you is that you address a communication to a few of the representative surgeons of our school. A homœopathic surgeon is one who adds to his knowledge of surgery a special knowledge of the application of homœopathic therapeutics to his surgical treatment. He is one who has discovered that, in the preparation of a patient for surgical operation, severe catharsis is not only of no especial benefit to his patient, but that it tends to reduce resistance at a time when strength is most needed, that a simple enema the night before the operation and another on the following morning, with a few doses of aconite 3x will care for the lower bowel, and will often prevent the unpleasant nausea following the operation. In a clinical practice extending over the past four years we have used this method with most satisfactory results. We were attracted to it from the observation that our emergency cases without preparation suffered less postoperative disturbance than our cases receiving the elaborate preparation.

Perhaps the greatest field of usefulness of homœopathy to the surgeon is in the treatment of postoperative cases. I want to take the liberty to quote from the experience of some of the best known homœopathic surgeons of this country. In answer to the question, "Do you find the homœopathic remedy of value in the postoperative treatment of your cases and to what extent?" one of our best known surgeons replies, "I should hate to practice gynecology without the homœopathic remedy. Of the more profoundly acting remedies, whose mission it is to build tissue, to overcome anemia, to counteract autointoxication, to contend against depravity of nutrition and disturbed metabolism in whatever form it may present itself, I most frequently prescribe the calcareas, arsenic, and the various preparations of potassium. Calcarea phosphorica is in my opinion of infinite value as a postoperative tissue builder. There is the same tendency to perspiration and glandular enlargement which characterizes the carbonates of lime. The pa-

*Bureau of Clinical Medicine, A. I. H., 1915.

tients are nervous. There is anemia. The flesh is flabby. The extremities are cold and the digestion is feeble. It has a special affinity when there is tendency to involvement of bones. I especially emphasize this remedy, because I prescribe it often in postoperative conditions after the patient has left the hospital, for the purpose of building the patient up."

Hear again from one of the honored ex-presidents of the American Institute of Homœopathy, "Homœopathic remedies are invaluable to me in the postoperative treatment. Always aconite for first twenty-four hours after the anesthetic. Never had postoperative pneumonia. Arnica for operative trauma, veratrum album for shock. Terebinthina for abdominal distention. Mercurius solubulis for thick, broad tongue with yellow coating; generally clears it in forty-eight hours."

Another surgeon of national reputation, "My patients always get for the first twenty-fours hours after operation, either arnica, hypericum or symphytum. In postoperative pulmonary complications, I get good results from bryonia, phosphorus, tartar emetic and kali bichromicum."

We could quote at much greater length from representative surgeons to show the reality of a "homœopathic surgeon."

There is another important field in which the surgeon and the internist, when working in conjunction, must be of greatest profit to the patient. The great number of so-called borderline cases calls for the combined experience of the internist and surgeon. When a stomach case ceases to be medical and requires surgical treatment is a question that can best be answered after careful co-operative study by surgeon and internist. The time has arrived when there is not and should not be personal differences between these two groups of physicians. In our teaching clinics the greatest good can only be derived from such co-operation.

The future of our school depends upon the success of our colleges. The success of our colleges depends upon the application of the law of similars in all branches of medicine. Drug pathogenesy must take into consideration the specialties. Every homœopathic college in the land must see that a year does not go by without an attempt to contribute some new truth or confirm an old one. We must measure the effect of arnica, hypericum and symphytum by the twentieth century yard-stick of therapeutic efficiency in surgical conditions. Only

by such methods can we take our place in the great field of science. An educational institution that does no research work must die of dry rot. A spirit of progress is always accompanied by new work and advanced thought.

One of the hopeful signs of the present time is the demand on the part of our colleges for young men trained in the sciences for full-time teaching positions. The work done by such workers is the leaven which enlivens the whole school. It has its effect in internal medicine, in surgery and other special branches.

The surgeon does not do general practice, nor does he prescribe in general, but he must study the therapeutics of surgical conditions. He must work hand in hand with the internist. The thing which makes him the superior man is the adding of homœopathic therapeutics to his knowledge of surgery.

Discussion

Dr. Koons, Danville, Va.: In our municipal institution, equal privileges are given both schools. So far I have failed to record a death. I recently had a case of a husky gentleman, sixty-seven years of age, who developed the most extreme case of distention from gas I ever saw. After twenty-four hours of agony the homœopath who referred the case to me for operation and myself made out the remedy to be carbo vegetabilis, and gave him the 12th. The gas subsided and my old man is at work. That happened three successive times in the past twelve months in our municipal institution, under the observation and comment of old-school surgeons.

Dr. William Hanchett, Sioux City, Ia.: This paper is appropriate to the present time. I am glad to hear that our surgeons are using the homœopathic remedy following operation as well as before. The essayist has probably taken a broad range in asking these questions. His experience is somewhat different from my own. It is often impossible for us to control our surgical cases. I have made it a practice for a number of years to make the request that I may give my remedy and follow the case with the surgeon. I have made some of them realize that such remedies as arnica, aconite, belladonna are very useful. Some of the old school surgeons have said by way of flattery that they were going to tell me not to prescribe, because they saw the remedies were so effective.

Dr. Hingston, Chicago: A patient who has received a purgative or laxative dose of medicine the night before operation is in a condition of artificial diarrhea the next morning. The patient goes to the operating table in that condition of ill health. Therefore, in all my surgical cases, abdominal or other, my sole preparation is whatever homœopathic remedy may be required for the general condition, or special symptoms exhibited, an enema the night before, following a light supper, and

flushing of the bowel the next morning until the water comes away clear. The result is that nausea, vomiting and gas pains are avoided. It is rare indeed to have any of these troubles, however severe the operation. It is my rule, also, if there is no other remedy indicated, to give a dose of arnica 200th preceding the operation to prevent shock, which it successfully does. If any untoward symptoms occur after the operation, the remedy must be selected according to the homœopathic law.

Dr. Bloomingston: I want to endorse arnica. I always give a dose the night previous to operation and repeat in the morning. There is another important remedy, which has not yet been mentioned, staphisagria; it quickly removes the fearful cutting pains following an operation.

Dr. Burrett (closing the discussion): I do not want to be misunderstood. I do not neglect my patients in the matter of their preparation or after treatment. The homœopathic remedy is as valuable in a surgical case, either before or after the operation, as at any other time.

Public Health Report of the Secretary of the Treasury. In the development of general public health work, according to the Secretary, there is great need of additional medical officers. The number of requests for advice and assistance in health problems received from states and municipalities during the past year has far exceeded that in any similar period in the history of the Service, but the limited number of officers available for the work has prevented in many instances compliance with these requests.

The field investigations, the Secretary states, have served as a stimulus to state and local health agencies, and every effort should therefore be made to encourage and turn to practical account the interest in health matters awakened in the general public. For this reason an increase in the appropriation for field work is requested.

An additional building for the Hygienic Laboratory is urgently needed. The work of this institution has been greatly extended, particularly as it relates to the examination of viruses, serums and analogous products, a vast market for which has been recently created abroad. The safeguarding of these therapeutic agents requires great accuracy and precision and overcrowding is a serious handicap. In order that the public health may be better protected, an annual appropriation of $25,000 is recommended to be expended in carrying out the provisions of the law relating to the examination of these products.

The United States is the only government of importance which does not provide for the care and isolation of lepers. The establishment of a national leprosarium where the numerous lepers, most of whom are native Americans, may be properly segregated and treated, thereby eliminating a menace to the health of others, is urged.—*Released Dec. 11, 1915.*

THE CANCER QUESTION*

By Horace Packard, M. D., F. A. C. S.

Professor of Surgery, Boston University. Senior Surgeon Massachusetts Homœopathic Hospital. Consulting Surgeon Newton and Brockton Hospitals

In the past ten years the writer has endeavored to gather and correlate facts in the natural history of cancer, hoping thereby to arrive at a plausible hypothesis as to its cause, and coincident therewith find something useful in its prevention or cure.

It is not in the plan of this paper to make an extended argument in support of any theory as to the cause of cancer, except to state plainly that it is the writer's unqualified conviction, based on incontrovertible facts, a part of which have already been set forth in previous papers† that the active primary cause of cancer is extrinsic, i. e., some living outside agency—microbe, protozoön, or fungus—which in the ordinary round of life gets a foothold upon or within the tissues of the human body, and there undergoes a cycle of development in its life history, resulting in overgrowth, cell multiplication, destruction of adjacent tissue, metastasis and final death of host, which we see exemplified in our daily routine of professional duties.

Accepting this as a working hypothesis, the physical manifestations which we call cancer are an end result consisting of intricate tissue changes, brought about by an agency with whose life history outside the animal body we are thus far in ignorance. We are therefore brought to a standstill at once, as far as prevention of the disease is concerned, through destruction or elimination of the cause, for we do not yet know its avenue of approach nor its habitat before its implantation upon or amongst animal tissues.

In a careful study of the natural history of cancer there are, however, impressive facts which suggest that something may be done to fortify the human tissues against incidence of the disease.

1. We must accept the plainly evident fact that a wide-

*Surgical and Gynecological Society, A. I. H., 1915.

†Demineralized Food and Cancer. Boston Med. and Surg. Jour., March, 1912.

spread prevailing immunity against the disease exists in the human family because

(a) Some cases, not many, spontaneously recover from the disease even after it has reached an inoperable and apparently incurable stage.*

(b) Young people exhibit a protective resistance; they do not have the disease, or so rarely that it is a negligible quantity.

(c) Many cases recover from cancer through destruction of the local area of incidence and go through life without further trouble.

(d) The age of incidence of cancer is in the advanced years of life when the vital resistance to all forms of disease-producing parasitic invasion is lowered.

(e) Ninety-nine and nine-tenths percent of the human family go through life without cancer., i. e., are immune. About one-tenth of one percent (80 to 110 to the 100,000) are lacking resistance and succumb to the disease.

2. Resistance to disease-producing parasitic life is largely a matter of nutrition. It is a fact universally accepted that poorly nourished, half starved people fall victims to the ordinary contagious and infectious diseases more easily and die in much greater numbers than the well fed and fully nourished.

3. Analysis of the dietary habits of the masses of civilized people shows the consumption of an over-abundance of protein and carbohydrates and a positive abatement of the chemical ingredients without which no life can exist.

4. It is a simple and convincing experiment, which any physician may try, to select from his circle of friends or patients an individual or family subject to perennial attacks of that common infection known as cold, influenza, or grippe. The establishment of a fully mineralized diet† changes the course of events in this respect to a complete immunity from these troublesome complaints, or such resistance that they quickly throw off the invading host and recover without the usual long drawn out sequelæ of coryza, pharnygitis, laryngitis, bronchitis, and maybe pneumonia.

It is a further simple and convincing test to select a fam-

*See Researches by Gaylord, Mackay, and Packard.

†A Possible Factor in the Causation of Cancer. Surg., Gyn. and Obstet., Feb., 1913.

ily of children and establish them on a fully mineralized diet and observe their behavior toward the ordinary contagious diseases of childhood. They either do not take them at all or recover so quickly and without complication that such diseases of childhood sink into insignificance. It seems to the writer conclusively proven that all the infectious diseases would pass with far less virulence if the human family were more strongly fortified against them by a rationally and intelligently balanced diet. The proteins are the builders; the carbohydrates, the heat generators; the food salts, the energizers and defenders against disease. A fully mineralized diet, well balanced by suitable proteins and carbohydrates, is found to be a protection against the known contagious diseases,—tuberculosis, pneumonia, bronchitis, colds, coryza, grippe, scarlet fever, measles, diphtheria.

What bearing does all this have upon cancer? Simply this: According to all analysis, reason, and analogy, cancer is a disease, the active cause of which is some kind of a parasitic ultramicroscopic living agency. The human body has, under normal states of nutrition and metabolism, sufficient energy and resistance to exclude or destroy that organism before it gets a foothold in those tissues, which seem to be its only possible habitat. A clinical test covering several years has been made by the writer with the view of testing out this régime on cancer cases. The result has been most convincing that in this dietary proposition we hold the key to the preventive from cancer, or the maintenance of a low percentage of cancer in the human family. It is not in the scope of this paper to make extended report of cases. Here are a few illustrations:

Inoperable, recurrent cases of cancer, after adoption of this new idea, have taken on a new lease of life and energy, and have lived comfortably far beyond the limit set by preceding experiences.

Far advanced cases operated on, which, under established precedents, should have had before this a return of the disease, are still alive, well and happy.

Cases of advanced cancer operated on were free from return of the disease, until change in environment and lapse to an unbalanced dietary opened the way for recurrence.

A recurrent mammary carcinoma had periods of recession

coincident with the observance of full mineral food content and exacerbation in periods of lapse.

The writer is aware that in making this preliminary reference to results, insufficient clinical material has accumulated to warrant definite conclusions. It is earnestly hoped that all readers of this communication will try out this simple expedient of a fully mineralized diet,* not only for their cancer cases, to help them throw off the disease or hold it in abeyance, but as far as possible for all their patients, looking to prevention of the first incidence of the disease.

Conclusion. There are but four arguments in closing which the writer desires to emphasize:

1. Incontrovertible facts in the natural history of cancer point so strongly to a parasitic cause that we are warranted, until such theory be refuted, in accepting it as a working hypothesis.

2. In the dietary of the human family, the essential triad is proteins, the builders; carbohydrates, the heat generators; mineral salts, the energizers and immunizers.

3. That the human family is under-fed in the matter of the mineral food salts—one has only to look at the weak hearts, the constipates, the physically debilitated, the nervous wrecks, the lessening resistance to contagious diseases, the epidemics of grippe, bronchitis, pneumonia, the prevalence of tuberculosis and cancer,—all largely preventable by dietetic and hygienic measures; and

4. The momentous fact that the flour mills and the rice mills of the civilized world are busy eliminating every particle of iron, phosphorus, sodium, potassium, silica, calcium, chlorin, magnesium and sulphur from our staple food supply, sending out food material rich in heat units, but pitifully meagre in energizing and immunizing material.

Note. *In a single flour mill of the Middle West, approximately one million tons of wheat are milled each year. Of this about 550 thousand tons go to the human family as refined flour (wheat starch) and 450 thousand tons of by-products, bearing the energizing, immunizing food salts, go mainly to feed domestic animals.*

---

*Demineralized Food and Cancer. Boston Med. and Surg. Journal, March, 1912.

CANCER—DISCUSSION OF PAPERS

Carnotite. E. Stillman Bailey. Jour. A. I. H., December, 1915.

Differential Diagnosis of Carcinoma of the Uterus. William A. Humphrey. Jour. A. I. H., July, 1915.

When Is Cancer Curable? Scott Parsons. Jour. A. I. H., 1915.

Cancer Treated with Radium. John M. Lee. Jour. A. I. H., December, 1915.

Tumors of the Colon. B. A. McBurney. Jour. A. I. H., July, 1915.

Dr. Walter G. Crump, New York: These various papers on cancer cover such a wide field, that it would seem to throw the whole cancer question open for discussion, and, as it would be difficult to speak to all of them separately, I will address my remarks to the cancer question generally, and then make a few comments on special points brought out by the papers.

The cancer problem is the most serious one that the profession has to consider, over 500,000 cases dying yearly in the civilized world of this malady. One out of every eight women and one out of every eleven men over thirty-five years of age, die of cancer. It seems to be increasing in frequency and in spite of all the work and money spent to solve this cancer problem, its cause is as yet unknown. The only cure for cancer is early and wide dissection of the cancer-bearing tissue; so that on us as surgeons, until better methods are developed, must fall the brunt of the campaign against this malady. Johann Orth long ago established the fact that all there is to cancer is in the cancer cell, which seems to have in itself the power of unlimited cell division; so that if cancer is to be cured at the present state of our knowledge, that group of cells must be removed by radical block dissection before it disseminates itself throughout the organism.

Leaving out cancers of the breast and uterus, cancer is more common among men. While we do not know the cause of cancer, we do know that most cancers are preceded by a precancerous history of chronic irritation: the skin cancers of the Kangri basket weavers of Kashmir; the so-called primary cancers of the liver, which are almost invariably secondary to cancers of the bile tract from gall-stone irritation; cancers of the stomach, which almost invariably present a history of pre-existing ulcerations; lip and tongue cancer from tooth and pipe irritation. Yet how few physicians translate this knowledge into

practical application, but continue to treat their gall-stone cases, ulcers of the stomach, and tumors of the breast, medicinally.

As to cancer of the uterus, speaking more especially to Dr. Humphrey's paper, there are two distinct types, adenocarcinoma of the fundus and epithelioma of the cervix. Adenocarcinoma of the fundus is far more prevalent in cases of submucous fibroids, which, by taking the course of least resistance, gradually travel from the interstitial layer to the submucosa and there, by causing pressure on the adjacent mucous membrane, produce chronic irritation, leading many times to the formation of malignancy. These cases are very amenable to surgical treatment and cure. Epithelioma of the cervix usually presents a much more serious problem; 75 or 80 per cent of all cases of cancer of the female generative organs are incurable surgically at the time when first examined by the surgeon. That does not mean that they are inoperable, as much can be done to lengthen out the life of the individual and lessen her suffering by such procedures as the Percy cautery method, etc.

In order to promote earlier diagnosis of cancer of the uterus, let me emphasize the fact that every woman, who has passed the menopause and then has a recurrence of her menstrual flow, should be thoroughly examined, and if an absolute diagnosis cannot be reached, she should have a curettement with a microscopical examination of the currettings, and it is my opinion that any doctor is derelict in his duty, if he does not carry out or advise such a technic. The establishment of such a procedure has many times helped me to make early diagnosis of cancer and thus save the life of the individual.

Many new things are coming up constantly regarding the cancer question and I have been lately interested in a complement fixation test for the diagnosis of cancer, developed by William N. Berkley, of New York. He seems to have established a method almost as certain as is the Wassermann in certain cases. If we can only impress the general practitioner and the laity that it is not the surgery of cancer that has such a poor percentage of cures and such a large mortality, but that it is the surgery of neglected cancer!

Early block dissection with the avoidance of soiling the field of operation or instruments with cancer elements is the best treatment we as yet know. As to when to operate, I might say that surgical judgment can be better developed by taking into consideration some of the established facts regarding cancer. The age of the patient is an important factor, especially when we realize that the lymphatics decrease after adolescence, and knowing that cancer spreads largely through the lymphatics, good surgical judgment would lead us to give a bad prognosis in

a young person with early cancer, while we might give a hopeful prognosis in advanced cancer late in life, for though we realize that the danger of operative procedure increases with age, the danger of probability of recurrence lessens with the diminishing of the lymphatics.

Dr. O. S. Runnels, Indianapolis: Dr. Bailey has been able to demonstrate upon the screen the presence of the drug in the nineteenth potency. He has proved that this thing that we seek, vital force, energy, life is the mainspring of existence. To its study we must bend all our energy. If vital force be present in normal power, we do not have disease; we have resistance, ability to cope with malign influence, whatever it may be. We are able to disregard the microbe, to live in spite of it. It is the business of the doctor to recognize the first departure from normal physiology, and prevent pathological condition. Is it possible to cure cancer by anticipation, by prevention? Yes; but to do so, you must not wait until the day of opportunity is past. Get busy while you have the opportunity of an easy and successful cure. Every cancer has had a prodromal stage. There have been premonitory symptoms. All such patients have had departures from a normal condition which should have required the services of a doctor. When a belated diagnosis is made by the microscopist, the day of recovery is far gone, and the fighting force has gone from the patient.

A woman with a lump in her breast comes for diagnosis. Will you stop to take a slice to the microscopist to find whether it is cancerous or not? No. That lump has no right to exist. It must be condemned. What sort of a record had she been making? Had she been free from morbid conditions? Had she had all sorts of recurrent illness? Had there been any form of malnutrition? Had it been hard for her to keep head above water? As an illustration, there came to my office one day a case that had given, as she said, "no evidence of trouble," so her friends were surprised when she entered the hospital for surgical treatment. She was subject to recurrent headaches of a desperate kind, lasting three or four days, always present at the menstrual period. I had seen her three or four years earlier, when it was evident she was a candidate for surgical honors, but she would not entertain the thought. She came now to consult about a tumor discovered in the breast six months previously.

I told her there was no time for delay, but that I would not be satisfied with merely treating the cancer. I found a chronic appendicitis, but bimanual examination revealed nothing abnormal in the pelvis. There was rectal trouble. Exploration of the abdominal cavity disclosed a degenerate appendix, five small subperitoneal fibroids of the uterus. I removed the appendix and fibroids, punctured many small

cysts in both ovaries, and did rectal work. Her recovery to perfect health was speedy and complete. The appendix was one of the worst I have ever seen, a retroperitoneal appendix, bound down by adhesions, with a Jackson's membrane. Would she have been safe, had I been satisfied with removal of the breast alone? Not at all. She would have been menaced by disease ever after. But the work I did should have been done twenty years earlier. I am pleading for anticipation work,—the doing of things which will save the patient from future trouble.

Dr. George M. Roberts, New York: Without attempting to discuss each paper separately, there are a few more or less practical points that occur to me that I would like to speak of. Dr. Humphrey spoke of certain symptoms which he regarded more or less as prodrome symptoms of carcinoma of the uterus. It seems to me that that is a very important point. As a matter of fact, the great problem at the present time is not so much what method we try in treating cancer, as it is to try to get a method that will enable us to get at that cancer at the earliest possible moment. As to the doctor's statement as to the prodrome symptoms of cancer of the uterus—that is in the main correct, but I hope no one will get the idea that it is not possible for a woman to have an inoperable cancer with no symptoms she has noticed. I have seen cases come into the clinic the second day after the first symptoms were discovered, and yet they had inoperable cancer. What is the logical conclusion? That we should never let a woman go from our office, where we have her in charge, without advising her that every woman past the age of 30 or 35 should be examined by some competent honest man once in every six months at the outside. Just think what we could do if we could once accomplish this? It would only cost on an average of ten dollars a year for that sort of insurance, and how many cases of cancer of the cervix could we not anticipate, and be in a position to operate at a time when the prognosis would be at least fair, and I believe very good. So much for that.

Some one spoke of cancer of the uterus being the most fatal. In my experience cancer of the cervix is the most fatal form of cancer that I meet, probably because it comes to us so late.

Dr. Humphrey spoke of various tests. Giving you my own view of that, I would say, "Forget it." I do not believe there is anything in it, and that such roundabout tests only lead us away from the early discovery of cancer.

Speaking of curettage for diagnostic purposes—certainly it should be of value, but when we get a patient that is up to or past forty years of age, and we have symptoms that are exceedingly suspicious of cancer, we are dealing with an organ that is practically past its useful-

ness, and unless there is some good reason for doing otherwise I believe it is the proper thing to stay on the safe side and remove the organ completely.

The microscopical examination has not yet reached that point of accuracy where we can absolutely depend on it. I mean to say, that from the microscopical examination, and the pronunciamento of the microscopist that the tissue submitted is not cancerous, does not necessarily mean that the patient has not cancer; and for that reason, where there is nothing to lose and everything to gain, I believe in being thoroughly radical.

Referring to Dr. Bailey's paper, it was exceedingly interesting to me, and I was very glad, indeed, to have heard it. It seems to me, however, that it does not apply directly to cancer, and that it would be of much more value to the Bureau of Homœopathy or Materia Medica. It does go a long way towards proving some things that our Materia Medica wishes to prove, but the direct application is not toward cancer.

Referring to Dr. Lee's paper, I assume from his report that this is a consecutive series, but only one case was an operable case.

Dr. Lee: Every case was inoperable except one, and that patient refused operation.

Dr. Roberts: Then I take it that you had in your charge other inoperable cases not treated by this method.

Dr. Lee: There were other inoperable cases not reported in this paper. Some of them are reported in the *Buffalo Medical Journal* for July, 1915, some in the *Medical Century* for August, 1915, others in the *North American Journal of Homœopathy* for June, 1915, and still other cases have not been reported.*

Dr. Roberts: In other words, your reports cover all inoperable cases during a certain period.

Dr. Lee: No, for I plainly stated in the last paragraph of my paper just read: "I have herein cited nineteen of the better cases, only one of which was operable; two died, one is still doubtful, and sixteen are clinically cured."

Dr. Roberts: From the doctor's paper, my judgment is that all patients with cancer should be sent to Dr. Lee. He certainly reports results which are unparalleled by any one to whom I have ever listened, or whose writings I have ever read.

Dr. C. E. Kahlke, Chicago: Dr. Bailey's paper goes a long way toward proving what homœopathy has contended for in the past.

---

*The manuscript which reported many of the worst cases was in the hands of both the Medical Century and the Buffalo Medical Journal at the time of the discussion, but the articles did not appear until after the meeting.

As to the diagnosis of carcinoma, the most important thing on which we can base a diagnosis is the earliest suspicion. When we recognize the disease clinically it amounts to nothing so far as the patient is concerned. The time when we can do the patient any good is when the carcinoma cannot be recognized clinically.

I have carefully looked up the Abderhalden test in literature, and I do not believe the test is reliable enough to carry out, except as a matter of interest. A method that can always be relied upon when we have the first suspicion of carcinoma of the cervix, is currettage and a frozen section. I believe in the immediate diagnosis. We should not make a currettement, pass the specimen over to the pathologist and get a report the next week, if we believe in dissemination of cells. The time to settle the diagnosis is immediately by a frozen section. Of course that means nothing unless you have a pathologist in whom you have absolute confidence. As Dr. Crump has said, the time to get your best results is when the lymphatics are at their lowest ebb, later on in life.

As to Dr. Lee's paper, I feel a good deal as Dr. Roberts does. It is a wonderful series of cases. I have never myself read of any one who has attained the results he has, and personally I should be glad to send my cases to the doctor. I have seen cases treated with radium, and drift along from operable to inoperable stages. I believe it is a good deal like the "dissolving" treatment of gall-stones. The cases drift through the safe period, and then reach the stage where no one can do anything. I believe it is worth while to experiment with inoperable cases. If you can operate, you should operate. That is the point I would like to emphasize. It should be used only in cases that are absolutely inoperable. I do not know how it could possibly do any good except in surface growths. It could not touch the deeper structures. Radium is nevertheless a wonderful power in the hands of an expert.

Dr. Bailey (closing discussion on his paper): Mr. Chairman, for five or six years I have reported to this society cases of treatment by radium, and forms of radioactivity. I have reported in all twelve cured cases. My last series consisted of four cases of lupus. These four cases are in the city today, and are well and ready to come before this Society, as are any of the other cases I have reported. The Renaud case is well and remains so. Eight cases of x-ray burns have been cured. All of these cases have remained cured for a period of years. In fact, radium seems to be the great remedy for x-ray burns.

My special study of radium has been along the lines to find out

where the energy of radium resides, and the best forms of application of that energy to the treatment of disease.

I wish to call particular attention to the trituration of the nineteenth potency of the carnotite. In addition to the photographic illustrations I have a series of cases to report clinically, treated with the twelfth trituration of this mineral, used as a drug. As this does not come in this discussion, I presume it will appear elsewhere.

Dr. Lee (closing discussion on his paper): Ladies and gentlemen, this is the first time I have ever presented a paper on radium before a medical society without colored pictures to prove what I say. I have always regarded Dr. Roberts as one of my warmest friends. I always believed that he regarded me as a perfectly fearless surgeon. I have opened the abdomen somewhere in the neighborhood of seven thousand times, and early in my treatment of surgical diseases, especially abdominal cases, I said: "If I ever open the abdomen and the operation goes beyond the purely exploratory, it will be properly finished, if it is a post-mortem in the end." Without one exception that plan has been followed out. I did not suppose anybody would ask me such a foolish question: "Do you operate on all operable cases?" You know I do. I would not think of applying radium in an operable case. Only once in my life have I done so, and in that case the patient would not submit to operation. Dr. Roberts damns me with faint praise, and I must get back at him.

Now, then, I cited nineteen of the better cases, only one of which was operable. Two died, one is still doubtful, and sixteen are clinically cured. Gentlemen, you know what "clinically cured" means. (I do not think Dr. Roberts does, but I believe all the rest of you do.) It means that the disease was removed so far as could be observed and so far as symptoms were concerned. Of course, some of those growths may come back.

You people say, "When a patient has had radium treatment and the disease disappears, does it ever return?" Of course it does; but, doesn't it ever come back after surgery? Do you expect radium in inoperable and hopeless cases to do more than the knife in the easy cases? I always operate on every operable case of cancer, according to indications, and do the work the same as every thorough surgeon does.

I have a box full of photographs, which show the patients as they come to me, and as they go away. These unthinkingly were left at home and I never thought of them until attacked on the floor, when my best friend comes at me with faint praise,—"damns me with faint praise."

Gentlemen, you must remember that we have in radium an element

which in the treatment of cancer is past our comprehension. However there is not one person before me who would probably believe all I might tell him about the treatment of cancer, but if you will come to my hospital I will show you the cases, and then you will believe.

Dr. Crump (discussing Dr. McBurney's paper): This valuable paper should not be permitted to go by without some words of commendation; it is full of interesting detail. The two cases of tumor of the cecum specially interested me and I wish to address a few remarks to the subject of tumors of the colon.

There are a few general facts regarding the technic of handling these cases that might prove useful for some who have not already acquired them. In handling tumors of the large bowel, if we but keep in mind the fact that all blood lymph and nerve supply of this portion of the bowel lie entirely in the inner leaf of the omentum, it will help us materially, for in their removal we can boldly cut the outer leaf one-half inch from the outer side of the bowel, then by wiping the tissues toward the median line we can readily mobilize these fixed tumors and bring them out on to the surface of the abdomen and there do the better indicated surgical procedure. If very fixed by inflammatory induration, it is often wise, when possible, to do a preliminary anastomosis and direct the fecal stream around the inflamed area; then by waiting twelve or fourteen days, the inflammation subsides and the difficult case becomes easily operable.

A valuable point in diagnosis is when the abdominal walls are exceedingly tense, not permitting of relaxation and thus making palpation findings difficult, a simple and helpful procedure is to immerse the patient in a tub of hot water, examining the patient under water; you will be surprised at the amount of relaxation and how helpful this is in diagnosis. It almost invariably does away with the need of a preliminary anesthetic.

I once removed a large tumor of the cecum, excising eight inches of the ileum, all the ascending colon, part of the transverse colon and the upper third of the bladder. The case was one of cancer and the woman is still alive after eight years.

In another case I removed a large hard tumor of the ascending colon, feeling at the time that it was a case of cancer, but on getting the pathological report, found it to be due to tuberculosis, so that frequently you will have that condition to differentiate in tumors of the cecum and ascending colon.

Dr. E. Weldon Young: When these cases come early to the general practitioner, he is inclined to assume that the patient is suffering from

hemorrhoids and he is treated accordingly, instead of having a thorough examination made with the proctoscope and sigmoidoscope.

Dr. Kahlke: One of the most interesting points in regard to carcinoma of the large bowel and rectum is early diagnosis. As Dr. McBurney has said, in certain locations you will find certain pathology, as a rule. For instance, carcinoma of the anus is usually squamous-celled; that of the upper rectum, cylindrical-celled carcinoma; that in the region of the sigmoid, fibrous annular cancer. They vary as to prognosis. Squamous carcinoma is comparatively benign, whereas the cylindrical-celled is exceedingly malignant. Both have one thing in common,—that is blood. The patient often has alternating diarrhea and constipation, and notices blood. He goes to the family doctor, and nine times out of ten he states that he has bleeding piles. The patient makes his own diagnosis, and receives some suppositories, whereas a careful examination would disclose the true condition. One condition is practically within reach of the finger, the other practically within sight. We have a very early sign, that of blood in the stools, which should be investigated by a proctoscopic examination.

Carcinoma in the region of the sigmoid usually has gas as a first symptom; not necessarily pain, but the rolling of gas, and as it gradually closes down we have obstructive symptoms which are classical. Fortunately, however, metastasis occurs late. As to the management of these cases, I have noticed recently that Charles H. Mayo simply broadens the scope of the Mikulicz operation, making the latter operation available for any part of the colon.

DIRECTIONS FOR CANCER PATIENTS*

1. Cancer is a serious disease which should receive constant medical care from the time it is first suspected.

2. "Cancer Specialists," who advertise, should be avoided.

3. Cancer is not contagious, and there is no danger of communicating the disease to others.

4. Cancer is not a disgraceful disease, and there is no reason for being ashamed of it or hiding it.

5. As soon as cancer is suspected, whether there be a lump, or sore, or other symptoms, it should be at once cared for by a competent medical man, as the earlier it is treated the more prospect there is of its being cured.

6. Anything suspected to be cancer should not be handled or squeezed, but should be kept from all irritation, as all this spreads the trouble and renders the cure more difficult.

7. When it is decided that a surgical operation is necessary this

*New York Skin and Cancer Hospital, Second Ave. and 19th St.

should be done completely at the earliest possible moment; delay is dangerous.

8. The proper medical treatment of cancer should never be neglected, both at the very beginning, and also after an operation has been performed.

9. It is not necessary to operate on every cancer; x-ray and radium are often of value, and the disease may disappear and remain absent under proper dietetic and medical treatment.

10. This treatment consists in an absolutely vegetarian diet, with continuous proper medication, for a long time.

11. To get favorable results this treatment should be kept up strictly until discontinued by the physician.

A strictly vegetarian diet should be closely adhered to. Coffee, chocolate and cocoa, as also alcoholic drinks, even beer, are harmful and must be avoided. The rules subjoined are also to be strictly observed.

The bill of fare, as outlined in this hospital, should be repeated on successive days.

Some interchange of the different articles may be made, to suit the appetite or convenience of patients; but in the main this bill of fare should be followed.

Bread at least 24 hours old may be taken as desired.

A little old cheese may be grated on the macaroni and spaghetti, but not cooked with it.

One boiled or poached egg may be taken for breakfast every other day, and very fat bacon on the alternate days, unless otherwise directed by the physician.

It is desirable to eat the skin of potatoes.

Each and every meal should be eaten very slowly, for half an hour, with long chewing.

One tumbler of water is to be taken with each meal, but not when food is in the mouth; also a tumbler full of hot water, one hour before breakfast and supper.

No milk is to be taken unless specially ordered.

The cereals are to be boiled with water, three or four hours, and may be cooked in the afternoon and heated in the morning, adding more water. Rice, farina, and cream of wheat require only an hour. Chopped dates, figs, raisins, or currants may be added to cereals when desired.

All the cereals are to be served very hot, on hot plates, and eaten with butter and salt to taste (not milk and sugar). They are to be eaten very slowly, with a fork, and very well chewed.

The crackers with supper may be varied to suit the taste; they should be eaten dry, with butter, and chewed very thoroughly.

Nothing should be taken between meals, unless especially directed, and the life should be as simple and healthful as possible, with early and long bed hours.

THE KNEE-CHEST POSITION AS A MEANS OF PREVENTION OF OBSTETRIC MORBIDITIES*

By Hudson D. Bishop, M. D., Cleveland

If one were to make a survey of obstetric practice as it is conducted today the result would show, undoubtedly, that, in so far as aseptic technic being followed before and after labor is concerned, there is very little to criticize. At least, it is true that well-defined principles of technic are recognized as necessary and these are carried out with more or less detail and thoroughness by every qualified physician. The same is true, though perhaps not as universally so, of the principles underlying the repair of injuries incident to the traumatisms of labor.

These two essentials to the prevention of morbidities resulting from childbirth represent a tremendous advance in obstetric practice. A third means of prevention, to my mind, is of equal importance and should be more emphasized than it has been in the past. Without it, much of the expected good results from the other two may be lost. I refer to more care after labor, directed to the prevention of subinvolution. As the principal means of securing a normal involution, I wish to speak particularly of the routine use of the knee-chest position early in the puerperium and its continuance for at least eight weeks after delivery or until involution is complete.

In a paper presented to this society at its last annual meeting I pointed out the fact that a febrile puerperium is a not infrequent complication following a labor in which the aseptic technic is flawless. I emphasized the fact that the infection in such a case was most frequently caused by a retention of lochia. Theoretically, we differentiate between a cul-de-sac retention and a uterine retention, but clinically the two conditions are the same. In either kind, the retained discharges become the focus of a pathogenic growth of hitherto harmless organisms, partly saprophytes, partly strepto- and staphylococci and the final pathological process is an endometritis with its sequelæ.

The cause of retention of lochia is, I believe, more often due to faulty posture than is generally recognized by obstetricians. The non-pregnant uterus is a suspended organ hav-

*Obstetric Society, A. I. H., 1915.

ing a normal range of motion, but capable of regaining its normal position unless interfered with by some purely mechanical cause. Following labor, however, the uterus, owing to the fact that its center of gravity is high, has a pronounced tendency to retroversion and this is accentuated by the patient's position in bed. While it is true that a number of conditions may be active in producing a subinvolution, all of them, when analyzed, are found to have a direct or indirect bearing upon the maintenance of a proper pelvic blood supply, and, whenever there is a continued loss of free motility in a puerperal uterus, the blood supply is interfered with. This is immediately followed by a greater or less change in the process of involution. The fundus becomes heavier, the uterine muscle becomes flaccid, uterine contractions are inefficient and the normal axis of the uterine cavity is soon lost. Retention of discharges thus logically follows, if the faulty position is maintained for any length of time.

Formerly, my practice was to treat retention after it had occurred, and usually it was not recognized until a febrile process was in progress. This treatment included the raising of the head of the bed to promote drainage, keeping the patient off the back as much as possible, using hot vaginal irrigations in some cases to promote a better pelvic circulation and using the knee-chest position.

Such treatment is nothing more than locking the stable after the horse is stolen. In place of it, one should be on the watch for retention, paying more attention to the height of the fundus, to the amount of lochia, to the character of uterine contractions under the stimulus of massage, and, most important of all, prevent retention if it is possible. This, I believe, can be done provided the patient has reached the end of labor in good condition, *i. e.*, if she has not been infected and if all injuries to the birth canal have been repaired.

For some time I have carried out a routine during the puerperium, the object of which has been to secure the best possible pelvic circulation, as follows: The patient is compelled to take the erect position for urination and bowel movements after the first forty-eight hours, getting out of bed if it is of ordinary height, this being done even if there has been a repair of the soft parts. After the fifth day the patient has a back rest during meals. After the ninth day she sits up in a chair for meals. The knee-chest position is taken once daily after

the fifth day and continued until the eighth week. If, at any time, there is backache following exercise or exertion, the knee-chest is taken more than once daily.

The usual method of taking the knee-chest position and maintaining it for five minutes is a difficult task, and, furthermore, in many cases, it does not accomplish the object sought, which is to throw the uterus upward and the fundus forward. Such change in the position of the uterus is brought about by two forces, gravity and atmospheric pressure. Of the two, atmospheric pressure is the most important, and without it, it is doubtful whether the position of the uterus is changed to any appreciable extent. I do not think it an exaggeration to say that the knee-chest position is an absolutely useless procedure if it is unaccompanied by air distention of the vagina.

I have tried a number of methods of securing proper air distention of the vagina, which can be carried out by the patient herself, and now use the following: During the first three weeks following labor the patient takes a good knee-chest position and with one hand makes a lateral pull upon the buttock. A very slight pull is all that is necessary to open the vagina so that air may enter and distend it. This is made possible by the relaxation of the parts following labor. The lateral pull on the buttock is fully as satisfactory as the separating of the vulvæ or the lifting of the perineum, and does not carry with it the danger of infection.

As soon, however, as the parts have regained their normal tonicity, air cannot enter the vagina unless the perineum is lifted or the vulvæ separated and the patient cannot well do either of these herself. After trying many devices, I have found that the most convenient one is a half-inch glass tube, eight inches long and bent to a right angle. The patient can easily insert this so that air will enter and dilate the vagina, provided she is in a proper knee-chest position, the shoulders, chest and knees on the same level, with the knees widely separated. Just as soon as the tube is inserted to a point beyond the vulvar orifice the air will rush in with an in-rushing sound or sensation, of which the patient is fully conscious. As soon as this has occurred the patient straightens out and lies on her abdomen for fifteen minutes. If the treatment is taken just before retiring at night, and it is probably the most con-

venient time for it, I instruct the patient to go to sleep lying on the abdomen.

The results which I have noted from this routine may be summarized as follows:

1. Whenever there has been a lessening in the amount of the lochia it has always returned to normal in a very short time. This is particularly true during the last of the first and in the second week. Even when there is no lessening of the amount of flow patients will state that there is an increase of the flow for a short time after the treatment.

2. Formerly, when a patient had a too profuse lochia coming on after beginning to sit up and move about the room there was nothing to do but put her back to bed, or at least restrict her moving about. Now, I have found that the knee-chest position preceding all of her rest periods is the more successful treatment.

3. The reappearance of the menses in a nursing mother is less often noted.

4. I do not believe it possible for a patient to have a febrile puerperium from retained lochia if this routine is intelligently followed. I used the word "intelligently" advisedly, for I have found that it requires considerable education of the nurse and patient to get them to carry out the treatment in the manner desired.

5. A febrile condition due to retention of lochia will disappear promptly with no other treatment. In such cases, the treatment should be given at least every four or six hours until a normal amount of flow has been re-established.

706 Rose Building.

Autotherapy stimulates the bactericidal elements of the blood to combat infecting micro-organisms only; it is not expected to cure when surgical intervention is demanded. With autotherapy there is not so great an urgency for surgical intervention, for by its use the patient may often be cured in instances where surgical intervention was formerly demanded. In lacerated perineum or cervix, in anteversion and retroflexion, and in other conditions mechanical interference is often demanded; on the other hand these conditions are at times accompanied by infection. When this is so, autotherapy will then often make life endurable in those who refuse operation.—*Duncan, N. A. J. of H., Oct., 1915.*

POSTPOLIOMYELITIS PARALYSIS — TREATMENT*

By H. P. Cole, M. D., New York

The experiences with three recent cases of this condition are the cause of my paper.

Case 1. A physician in Brooklyn, knowing that I had devoted much time and study to the development of a method of shoe-building for the management and correction of the difficulties that follow poliomyelitis, sent me a case for which he wanted me to have special shoes constructed. His statement was that the case had been doing nicely under his treatment and the services of a masseur who had done good work for him, until recently, when he thought the shoes she had been wearing had not been just right.

After a careful examination of the case I declined to have anything to do with it under the existing conditions, for two reasons. First, the doctor, the masseur and the family were fully satisfied with the progress of the case up to date, and that only a slight change in the shoe was necessary. The first part of this belief was fully justified by the good progress the case had made, but I was sure the balance was not correct. Second, I was satisfied that neither the patient, nor my reputation, would profit by what the doctor wanted me to do, for the case had arrived at a stage where more real work was needed than at any other, a stage where the natural recuperative power of the patient had exhausted its possibilities, and the real work of the doctor had to begin, the stage where recovery halts and those interested begin to look about for a little more support to the weakened leg; where some one advises a brace, or a built-up shoe to accommodate what appears to be a shortening of the weakened leg which may be only physiologically, not anatomically, shorter; the stage where the patient begins to develop the secondary difficulties that are sequelae of this condition, as the next case will show.

Case 2. Mrs. W., aged 55. Had about the same early history as the other, grew to maturity, married, had three well-formed children. Has had a comfortable life, with money enough to procure anything that was necessary, and has tried everything that came to her notice from a responsible source, and has had a medical son-in-law for several years. Apparently all the possibilities one would need.

*Surgical and Gynecological Society, 1915.

Condition. One leg decidedly atrophied, cold and damp, somewhat edematous, and pronounced shorter than the other: Never walks more than two or three blocks, and then with much discomfort. Never goes anywhere alone. Has often been sitting within six feet of some thing she much needed, and discussed the question whether the article was worth the pain involved in obtaining it. Has always had her shoes made to order, the shoe for the lame side being built a full inch higher than the other to take up the supposed difference in the length of the legs. In walking she turned the toe of the weaker side almost directly outward and the feet were widely separated. She used the inner margin of the shoe much more than the outer.

In these two cases we can read the lives of many of the more or less handicapped people that can be seen on almost every block of any city in the world. The one furnishes the beginning, and the other the end of the story. A prominent medical journal stated that there are more than six thousand crippled children in the public schools of the better part of New York. The physical instructor for one of the largest and most fashionable girls' schools in this country told me that she examines more than five hundred freshman girls each year, and finds more than eight-tenths of them physically imperfect, and I have heard or seen a similar report from other schools for boys and for girls, with the highest requirements and aims, in this country and abroad.

In both of these cases mentioned there was a decided limp, and there was the belief that one leg was shorter than the other. Case one told me she had worn a brace for a time but had improved so much that she no longer needed it. Case two had also worn a brace for a time some years ago.

In order that we may see another picture of this condition let us look at Case 3, a lady of 41.

She began life in the same manner as the others in a comfortable home with all that was needed. The use of the brace was begun and continued. At the time I first saw her she and two sisters had been conducting a large dressmaking establishment that employed thirty people.

This lady took the orders, did the designing and cutting, superintended the making, and often visited the large stores for the selection of styles and materials. During all this time she wore a brace extending from the hip to the floor; she sat upon the top of the brace, and her shoe was fastened to the other end. She walked very little, always with the left arm well out from the

body, never could put the right leg, the lame one, in front of the other, and had much difficulty in climbing stairs. Her spine was much curved forward and to the left, and the right leg abducted. When lying upon a table the right projected away from the body at a decided angle, and could not be retained upon the table without assistance.

In these three cases we have the beginning and two ways that are adopted to get along with it to the end, with usually the same result, and many there be who follow the road.

The object of my paper is to call your attention to the appalling number of these conditions; to the almost inevitable result in nearly all of them, when treated with braces, or allowed to get along as best they can, or with the devices of shoemakers; to the fatality of accepting without study the idea, which is usually incorrect, that in most cases the weaker leg is shorter, and that the shoe for the weaker foot should be built up or tilted, which if not correct always leads to deformity; and to try to show that in all cases there is a possibility of more improvement than has been accomplished, and even more than you are prepared to believe possible. A part of what I have said you can see for yourselves by watching the people on the streets, and otherwise studying up; the balance I will attempt to show by the results in cases two and three.

In case two I decided that there was no difference in the length of the legs, and notwithstanding her pleadings for some elevation of the shoe for the weaker side I had her shoes made the same height, and I showed her medical son-in-law how to use an electric vibrator so as to liberate the adhesions which retained her curved spine and abducted leg in mal-alignment. An extract from a letter written December 8th at the beginning of my treatment of her, reads:

"If it were possible for me to make you understand the hundredth part of what I have suffered mentally throughout my lifetime because of my deformity you would realize what it would mean to me to have my ability to walk increased and made more normal."

From a letter written March 12th I read: "I received the shoes January 10th, put them on immediately and have worn them constantly ever since during my waking hours. I also began my vibratory treatment at the same time and have taken one every third day. I can see a beneficial effect in a generally improved condition of health, lessened trouble with rheumatoid arthritis in

hands, and absence of sensitiveness in back which was present at first." After expressing her belief that she would be more comfortable if the shoe for the weaker side were raised three-quarters of an inch, she writes: "Nothing would tempt me to go back to my old form of shoe, but I am sure I am right about the change." I wrote her I would see if I could change it if she would come to New York, but gave my reasons why I did not have it made so. I heard nothing more from her till May 12th, when she wrote me: "I want to order some more shoes both for walking and for dress occasions. It seems best for me to see you before doing this as these shoes were in a measure experimental, and you may want to make some changes."

She came to my office May 21st, and I found a great improvement in her walking, liberation of many adhesions though the calf muscles were still somewhat retracted and adherent. There was a good deal of activity and no pain, but she had put a piece of felt one-eighth of an inch thick in the heel of her shoe to relieve strain on the calf muscles. The level of the hips and plumb of the spine much improved and she wanted three more pairs of shoes. She was confident of much more gain.

Case 3 was much worse than Case 2 because there was more paralysis, and a greater amount of deformity had developed in consequence of having to adapt herself to the braces and to assume unnatural attitudes in dragging about with her a mass of iron nearly half as heavy as herself. She gladly accepted the offer of my best efforts to be of some benefit to her, and came regularly, averaging three times in two weeks during eight months each of two years. At the end of the first winter she began going without her brace at home, and during the summer gave it up entirely. About a year ago an older sister died, leaving her with the extra work of the fitting of all dresses. This necessitated her being on her feet for three or four hours at a time, standing and walking about her customer. This she did without any support or assistance every day in the week. She walks very well barefooted, and has grown a very respectable looking leg from the atrophied straight one she brought to me for treatment.

There was a disposition to talipes varus, with a foreshortening of the foot which had to be corrected by the shoe, which also preserved the level of the foot under the weight of the body. The other foot had to be assisted because it had to do more than half of the work. The other treatment consisted in the use of a strong electric vibrator to break up the plastic adhesions that formed

under the pressure of the brace, and about joints and muscles where motion was limited by deviation and disuse. I am fully convinced that no masseur can accomplish anything of value in old adhesions, for they are very strong. However valuable the treatment, the patient must be provided with some device that will bring about and maintain a more normal position during the act of walking and admit of more normal joint and muscle action. This is accomplished by adjusting and maintaining the normal level of the foot during the act of walking, and this I do with a shoe.

No brace that I have ever seen can accomplish this. When the foot is level the ankle is in normal alignment, and the knee and hip will follow. Sometimes the foot will drift into a varus position, sometimes into valgus; both furnish their difficulties.

These are only three of many, but they are fairly typical and show the liabilities. The points to be noted are that:

During the second or third year these cases, or most of them, cease to improve and gradually decline.

They gradually develop deformity, and degenerate through lateral deviation of the top of the foot under the downward thrust of the body-weight through the leg into the foot.

Lateral deviation renders ankle motion impossible.

Atrophy is the result of disuse in consequence of deviation.

All of these cases will improve if alignment is restored and normal motion made possible; this permits muscle action.

Braces will not restore alignment, but they do add to the difficulties by their weight, and pressure, upon muscles.

If *these* cases can improve, why not any?

When Mrs. W. (Case 2) called on May 21st she told me that at the time of her first call she had become very anxious about her hands and arms, of which she feared she would soon lose the use. She had much pain in the hands and the whole length of both arms, the finger joints enlarged and stiff.

She had been treated for rheumatoid arthritis by diet, medicine and electricity, but was growing worse. During the treatment for the liberation of the adhesions about her spinal curvature all these pains had almost entirely disappeared, and her fingers, which had been swollen and stiff, now moved freely.

This did not surprise me, for I have had many similar experiences.

Another case that I have had under observation for the past seven years, has shown some interesting features.

Mr. N., aged about 28, paralyzed in infancy, recovered normal motion except right leg and foot, which developed talipes varus. He was operated in early childhood by Prof. Hoffa of Berlin. Later the same surgeon made another attempt, and at the age of 16 or 18, a New York surgeon had a turn at it. When he came to me the right leg was atrophied so that the inner margin of the calf was even with the inner margin of the tibia, and at the back it was very flat. The outer margin of the leg was much better. The right heel was elevated so that he was obliged to put a cork insole more than an inch thick in the rear half of his shoe.

The toes of this foot were drawn backward against the top of the foot like gun hammers, and the distal ends of the metatarsal bones were actually beyond the ends of the toes. This condition I call gun-hammer toe, and it is usually present to a certain extent in all feet that have to struggle. On the top of the distal phalanx of the great toe there was a fleshy mass as large as a chestnut.

The left leg was very much larger than normal, the foot wider and thicker, and much foreshortened, and the toes drawn backward gun-hammer fashion like the other, and there were three hard inflammatory enlargements on the back of the foot.

I told the young man I could not tell him how much I could do for him with all these difficulties, but he said he did not expect anything but a little improvement in comfort.

In walking he did most of the work with the left leg. When he put the left foot forward, he placed it with the toe pointing inward, then made a half turn so that the toe pointed outward when the right foot was put forward.

My treatment consisted in the adaptation of a shoe that caused the right foot to assume and maintain the normal level position under pressure of the body-weight in the act of walking, so that the leg muscles could do their work in a normal manner, and there would be some strain on all the adhesions in the leg and foot which had formed while the ligaments, tendons and muscles had been unused on account of the mal-position. When he came to me, four blocks in town was about the limit of his possibilities, but he soon began to improve gradually but surely, and during his vacation the third summer after he came to me he walked sixty-four miles in four succeeding days, on one day doing twenty-three miles over the Adirondack mountains and later thirty. During this time his right foot and leg have been growing

larger, the left proportionately smaller, and the act of walking more nearly normal.

These cases are only samples of many that I could recite, and which should receive more definite attention than leaving them to the care and treatment of the formal masseur or a shoemaker, neither of whom has a definite knowledge of general or physiological anatomy or of the process of repair. The brace maker is even worse and does more harm. One very prominent orthopedic surgeon, who is devoting much of his attention to improving the work of the Creator by lengthening the tendo Achilles in people not deformed, once said to me, "There is no question that braces do a great deal of harm, but I use them, and I use a lot of them; you know we cannot control shoemakers." I told him I was controlling three at that time. Since then it has been possible to control more than three hundred. The work can be done if we will take it up.

Discussion

Dr. O. S. Runnels, Indianapolis: I rise with hesitation, because my friend Walton is here. He thinks I can't make a speech unless I talk on one subject. I assure you, however, I know a few things about my job. I have been forty-five years on the trail, and I have picked up a few things. I know a good thing when I see it.

I was struck with Dr. Cole's remark that antecedent to this trouble there was malnutrition. There was not life enough in the individual to express vigor in the muscles. He has been trying by outside apparatus to make up for a deficiency. If he could put life into that leg, he would gladly refrain from applying any apparatus. To illustrate: A boy, four years old, poliomyelitis two years before. A brother had died of the disease at that time. This boy had been paralyzed ever since. He would stumble and fall in an attempt to cross the room. He had been under the care of the best pedologist in the region. The parents were assured there was no chance for complete recovery. He did not assimilate his food, a significant thing to an observant person. After appendectomy and circumcision, this boy made a quick rebound. His appetite and assimilation were established at once. He gained weight rapidly and his paralysis disappeared entirely. Six years after, the boy remains in perfect health.

Dr. Cole (closing the discussion): In regard to Dr. Runnel's suggestion, I would say that in these cases everything possible is done to improve the general physical condition. If you have depletion you must correct it. If you attempt to correct only the trouble in the leg, you will fail.

THE GENERAL PRACTITIONER AS A SANITARIAN*

By J. D. Varney, M. D., Greenfield, Ohio

The advance achieved by sanitary science during the past few decades has been greater than in any other branch of medicine. The diseases in which a reduction of mortality has been effected have been those of contagious and infective type. This fact is significant, as the work of our health boards has been almost entirely along this line, and proves the efficiency of cleanliness. Cuba, the Philippines and the Canal Zone are illustrations of this remarkable work.

If prevention of disease is to be the crowning glory of our civilization, a campaign of education must be carried to every home. The brilliant work of our laboratory workers, the notable papers from our experts are of no practical value to those that cannot read and write. If they are taught, you and I must be the teachers. This is the opportunity of the general practitioner. The situation is further complicated by the large groups of foreign-born, living in restricted quarters and retaining their native habits of life. If we expect to derive the benefit coming from sanitary progress, these people must be taught clean living. In addition to what you and I can do, in addition to what all the health boards are doing, a most important step would be to establish a better system of teaching sanitary science in our public schools.

Children should be made familiar with the meaning of the word, "bacteria," taught the nature of infection and such precaution as is necessary to prevent its communication to others. By reason of our relationship as physicians, we may exercise a tremendous influence.

Our great army of health workers is made up of many divisions. It is made up of the Health Service at Washington, all state and county boards, it counts on all the organizations that labor for the betterment of sanitary conditions, those that fight for pure water, food, air, for better playgrounds in large cities, better protection for working women, proper food and care of children, as well as all measures employed for the prevention of contagious disease. The general practitioner has an opportunity to be an important factor in the struggle for the accomplishment of the ideal.

*Abstract of paper read before the Bureau of Sanitary Science, A. I. H., 1915. Published in full in North Amer. Jour. Hom., July, 1915, and in the New Eng. Med. Gaz., Oct., 1915.

A PLEA FOR A PRACTICAL, UP TO DATE REPERTORY*

By James C. Wood, M. D., F. A. C. S., Cleveland, Ohio

Drug symptoms obtained by drug provings upon the healthy made it necessary early in the development of our materia medica to index the symptoms under certain headings and subheadings in the form of a repertory. So far as I know the homœopathic school, having as its distinctive feature the selection of drugs according to the law of similars, is the only one in which there has been created a repertory of drug symptoms. The modern works of all schools devoted to diagnosis are, however, resolving themselves more and more into a repertory of diagnostic symptoms. Especially is this true of those devoted to nervous diseases. That splendid volume of Henry Hun's on the *Diagnosis of Nervous Diseases,* recently published by the Southworth Company, already in its second edition, emphasizes this fact. Indeed, were it possible for some neurologist of our school to take that work and fill in the homœopathic remedies called for by the definite and specific symptoms of various diseases therein treated, he would have what in my opinion would be an up to date diagnostic plus a therapeutic repertory invaluable in the treatment of disease of the nervous system. What is true in the treatment of disease of the nervous system is equally true of all diseases.

The human mind is most variable in its operation and its ability to grasp data and retain the same for future use. I am frank to confess that up to the present time I have never obtained a large amount of information from our homœopathic repertories. My own brain, diminutive perhaps, is so constructed, and has been so trained, that it is absolutely necessary for me to reason from premises to conclusions. Therefore, according to my way of thinking, the greatest writer on materia medica that the homœopathic school has ever produced since the days of Hahnemann was Richard Hughes. I have more than once made my brother practitioners and my students happy, discouraged and overwhelmed as they were by the great mass of symptoms which goes to make up our materia medica, by placing in their hands a copy of Hughes' *Pharmacodynamics.* In that work you will remember that Dr. Hughes at all times proceeds consistently from premises

*Bureau of Homœopathy, A. I. H., 1915. Published also in *Med. Cent.*, Aug., 1913.

to conclusions in his presentation of the drugs dealt with. His argumentative style enables me to obtain, to use a mechanical term, a psychic *point d'appui* in that he begins with the physiological action of the drug to which he constantly reverts when making his therapeutic applications, thereby leaving an indelible picture which would be utterly impossible for me to see were I to study the same drug from the standpoint of symptomatology alone. The study of anatomy was always hard for me because of my inability to remember names. Never more than once or twice in my life have I been able to commit either prose or poetry *verbatim et literatim.* I am inclined to believe that the man who has a retentive memory for words, who is a good linguist, who can easily commit to memory languages and literature and anatomical terms, will care less for the didactic method of dealing with drugs and more for the records of pure symptoms with a repertory making those symptoms more easily applicable in the treatment of disease. The chief use that I myself make of a repertory is to run down some obscure and unusual symptom which is emphasized by the patient.

But it is unfortunate that our repertory makers, as well as some of our writers on materia medica, have not kept in touch with the progress of medicine, and especially with the diagnostic import of certain key-note symptoms which are recorded in both our materia medicas and in our repertories. This fact I have ever endeavored to emphasize to my students and in what I have written.

In 1897 I presented, as chairman of the Bureau of Gynecology, to the American Institute of Homœopathy, an address entitled *The Limitations of Therapeutics in the Treatment of Gynecological Diseases.* That was eighteen years ago. In that article I emphasized the good work done by the old doctor of forty and even twenty years before, who considered himself capable of dealing with all diseases of all the organs of the body. He possessed, it is true, a mere smattering of some things, but in a good many instances a very profound knowledge of many things. He at least had an abiding faith in the unity of organism, which I am afraid some of us modern specialists are losing, and from his varied experience he knew that there is no organ in the human economy which is independent of its fellow or fellows. From such material were evolved our Helmuths, and our Franklins, our Gilchrists, and our Sawyers, and a score of others whose names are quite as much household words. I outlined the advantages and disad-

vantages of specialism, emphasizing the fact that specialism should have for its foundation a well-founded knowledge of general medicine. It is equally true that general medicine owes not a little to specialism. I also emphasized the fact that true specialism is but a consummation of much that is below and correlated with it. I endeavored to point out that no hard and fast line can be drawn between the diseases amenable to internal medication and those which are not, showing by illustrative cases that many diseases characterized by gross pathological changes give rise to but few subjective phenomena, while the slightest pathological change in another patient, or indeed a purely functional condition, may manifest itself in a most distressing way. The impressionability of the patient must needs be taken into consideration, as well as her environment, her social status, and her habits of life.

In another paper read before the Bureau of Homœopathy, 1913 session, entitled *The Value of Homœopathic Remedies in Gynecological Practice,* I endeavored to show that pain as a diagnostic symptom is interpreted in the light of modern, living pathology, obtained through surgery, very differently from the interpretation given it fifty or even twenty years ago; and that in basing the homœopathic prescription upon the totality of symptoms we cannot well ignore this fact. I endeavored to show that even with all our modern refinement in diagnosis the early detection of malignant lesions is often impossible. Granted then that the law of similars is to be depended upon, there is a tremendous advantage in being able to base a prescription upon subjective symptoms alone in those instances where the cause is not determinable. This to my mind is the very strongest argument in favor of the law of similars. Its weakest point in the hands of one who does not see beyond this, is the danger of relying too absolutely upon it, thereby overlooking the diagnostic significance of symptoms which portend danger.

By way of illustration: Few of us believe that it is possible to cure an ovarian cyst of any proportions by internal medication. But what was the preliminary condition which led up to the development of the ovarian cyst? In all probability it would have required a microscope to detect that preliminary lesion, and just here is where, as I understand it, the value of the specific remedy as a prophylactic measure asserts itself. One cannot tell how many ovarian cysts have been aborted by apis mellifica, which has a well-known specific action upon ovarian tissue and which is prescribed because of the stinging character of the pain early

felt in the affected ovary. What is true of ovarian tumors is true of nearly, if not all, organic diseases, for nearly if not all organic diseases are functional before becoming organic. Take in the way of another illustration, cancer of the uterus. What is cancer? The eighteen years that have followed the writing of the paper referred to have not given us a definite answer. Is it of embryonic origin, as Cohnheim teaches? Is it of parasitic origin, as many of the modern pathologists teach; or are the two theories compatible, the embryonic matrix furnishing the nidus for the reception of the specific germ which is supposed by many to be the primal cause of cancer? Whichever of these theories is accepted, the fact remains that the victim is not born with cancer and indeed recent statistics go to show that heredity plays a much less important rôle in its production than was formerly supposed. In all instances it is fully conceded that there is diminished physiological resistance, either local or general, or both, and that if the system is put right by properly selected remedies and other necessary prophylactic treatment in the way of overcoming friction, removing cicatrices, etc., no cancer will occur.

The foregoing discussion, which may not seem to you on first thought germane to the subject in hand, is to show you that a repertory in harmony with modern thought should be something more than a mere record of symptoms. The man who relies largely upon any of the present repertories, or indeed upon symptomatology alone obtained from whatever source, is bound to fall down in innumerable instances in the treatment of his patient. In the article last referred to (The Value of Homœopathic Remedies in Gynecological Practice) I gave several concrete illustrations emphasizing this thought. For instance, a submammary pain with intense backache is the keynote symptom of cimicifuga; but if that pain were not speedily relieved by cimicifuga, I should look for various pelvic lesions or to the kidneys to account for it.

Hyperesthesia of the skin, and indeed hyperesthesia of the entire nervous system is one of the keynote symptoms of hypericum; but physiology teaches us that when a painful stimulus is applied to tissue, or to an organ which normally possesses a low degree of sensibility, and which is centrally in close connection with the tissues or organs possessing a much higher degree of sensibility, that the pain so produced, as Head long ago taught us, is felt in the part which is relatively more sensitive, and the visceral lesion which is responsible for such hyperesthesia should be sought for and removed if possible.

Eupatorium perfoliatum produces, when given to persons in health, a diffuse or aching pain in the bones throughout the body with an absence of fever; but the same symptoms are produced by syphilis, lithemia and autointoxications, either hetero- or autogenetic, and while eupatorium is most useful in these conditions, eliminative measures are called for.

One of the keynote symptoms of anacardium is indigestion relieved for some hours by eating, and in purely functional conditions, as well as in organic, anacardium is most valuable; but we know that this is one of the keynote symptoms of duodenal ulcer, and therefore we should not treat a case indefinitely, for the danger of unarrested duodenal ulcer is always great.

One of the keynote symptoms of chelidonium is a persistent pain under the right shoulder blade and chelidonium is most useful in relieving this condition; but this is also a keynote symptom of many liver conditions, gallstone disease, abscess, etc., often of the most serious import.

Pain at the junction of the dorsal and cervical vertebrae is found in the provings of agaricus; but it is not infrequently due to a loaded transverse colon.

Veratrum album will produce in full doses a cold clammy skin, tenderness over the abdomen, which may be either local or general, sighing respiration and a rapid pulse, and is invaluable in the treatment of bowel conditions, diarrhea, dysentery, etc., where these symptoms are present; but the picture given is duplicated in ruptured ectopic pregnancy, or in rupture of any of the abdominal or pelvic viscera, and the only thing that will save the patient's life in these instances is to open speedily the abdomen.

Kali muraticum gives rise to indigestion, gaseous distention and mucous enterocolitis with resulting malnutrition and is often most useful in controlling these symptoms; but in the vast majority of instances, with this clinical picture, the condition is due either to chronic appendicitis or to interference with intestinal peristalsis by direct pressure within the pelvis, and if the patient is to be cured speedily and permanently, and even safely and pleasantly, surgical measures are necessary.

The well-known symptom of sepia in treating diseases of women is a "bearing down sensation as though everything would protrude from the vagina." If this occurs as a purely subjective symptom, I have no doubt but that sepia would relieve it; but usually there will be found, when this symptom is present, a re-

laxed pelvic floor due to separation, often submucous, of the levator ani muscles.

And so I might continue indefinitely with illustrations such as I have given. Dr. Walton, under the caption of "Misapplied Therapeutics," cited some very tragic ones in a paper published in the Institute JOURNAL for February. Indeed, the language of both perturbed function and gross lesion is symptomatology, either objective or subjective, and my plea is for a repertory that will indicate, at least in a suggestive way, the causes responsible for the symptoms present, as well as the drug or drugs corresponding to those symptoms. Such a repertory should in my opinion be compositely edited under the jurisdiction of our National Institute, the editorial staff being represented by all of the specialties, including an internist and a materia medicist, the latter being the editor-in-chief. Every effort should be made to eliminate unreliable symptoms and to better the present arrangements of the divisions, headings, and subheadings which characterize the repertories now extant. Such a repertory would, it seems to me, be invaluable to the internist as well as the specialist. I am well aware that criticism and fault finding are always infinitely easier than are execution and creation, and in order to be consistent I am venturesome enough to offer the following sample page as a suggestion of what I have in mind. The symptoms and remedies are taken from Dr. Boericke's Repertory. My additions simply consist of the enclosures in brackets.

LEUCORRHEA

Albuminous, slimy, mucous—[abnormal sexual excitement, cystic degeneration of cervix]—agn.; alum.; ambra; am. m.; berb. v.; bor.; bov.; calc. c.; calc. p.; hematox; inula; iod.; kali m.; kali s.; mag. c.; mex.; puls.; sul. ac.; thuya; tilia.

Bloody—[malignant ulceration of cervix or vagina, uterine polypus] —arg.; bufo; carbo v.; cinch.; cocc.; kreos.; merc. c.; merc.; murex.; nit ac.; nux m.; sep.; spiranth.; sul. ac.; thlaspi.

Flesh colored, like washings of meat, offensive or non-offensive—[diffuse sarcoma of fundal mucosa] nit. ac.

Greenish—[gonorrhea]—bov.; carbo v.; kali s.; lach.; merc.; murex; nat. s.; nit. ac.; phos.; pulex.; puls.; sep.; sul.; thuja.

Itching—[diabetes mellitus; senile vaginitis; pediculi]—ambra; anac.; calc. iod.; carb. ac.; cinch.; hedeoma; kreos.; merc.; sep. See pruritus.

Offensive—[uncleanliness; retained membranes; malignancy; sloughing polypus]—aral.; ars.; bufo; carb. ac.; cinch.; eucal.; guaco; helon.; hep.; kreos.; merc.; med.; nat. c.; nit. ac.; nux v.; psor.; pulex; robin.; sab.; sang.; sanic.; sec.; sep.; thlaspi.

Purulent, staining yellow—[gonorrhea; pelvic abscess; pyosalpinx] —esc.; agn.; alumen; arg. n.; ars.; aur. mur.; bov.; calc. c.; can. s.; ceanoth.; cham.; cinch.; eupion; fagop.; hydr.; ign.; kali bich.; kali s.; kreos.; lach.; lyc.; merc.; nat. s.; pulex; puls.; sep.; stann.; sul.; trill.

Viscid, stringy, tough—[cystic degeneration of cervix; sexual excitement]—esc.; alum.; asar.; bov.; ferr. br.; graph.; hydr.; iris; kali bich.; kali m.; nit. ac.; pall.; phyt.; sab.; trill.

In infants and little girls—[uncleanliness; pinworms]—asperula; calc. c.; can. s.; carb. ac.; caul.; cina; cub.; hydr.; merc. i. f.; merc.; millef.; puls.; sep.; syph.

Instead of menses—[vicarious]—cocc.; graph.; iod.; nux m.; phos.; sep.; xanth.

CONCOMITANTS

Backache preceding and attending—[kidney lesions; oxaluria, spinal congestion or anemia, lumbago]—esc.; eupion; graph.; helon.; kali bich.; kreos.; mag. s.; murex; nat. chlor.; nat. m.; ova t.; psor.; stann.

Cervical erosion, bleeding easily—[laceration with eversion and abrasion; beginning malignancy]—alum.; alnus; arg. n.; hydr.; kali bich.

History of abortion—[apply curette]—caul; sab.; sep.

Pruritus vulvae—[pediculi; diabetes; protect parts from discharge] —agar.; alum.; ambra; anac.; calc. c.; fagop.; helon.; kreos.; merc.; sep.

Discussion

Dr. Moulton: The Doctor has suggested a valuable repertory from the diagnostic standpoint and the standpoint of a surgeon. It might help all of us, but in a large working repertory for the treatment of chronic diseases, I am afraid it would be impossible to put all the diagnostic points in the rubrics, and so you would not have the full working information from the diagnostic standpoint.

A specialist, a man who has to work very hard and whose time is very limited, and who is putting his efforts in one single direction, does not have time to study his remedy, to work out his case, as the materia medicist does, but keynote prescribing is out of date; the totality of the symptoms is the only basis for a scientific prescription

Dr. Pierson: Of all the books at the disposal of the homœopathic physician, I believe that the repertory has greater practical importance than that of any other one under consideration. No two physicians look upon any case from identically the same viewpoint. No repertory will fill the needs of every physician. As a rule, you may say that the repertory that is valuable to, or is accepted by any physician is the key, the means for determining his advancement in knowledge of the law of similars. The man who looks for keynote symptoms in a case and then seeks from his repertory to find a remedy that has produced similar symptoms, is the man whose prescription begins with the seeking of the remedy and ends with the application of the same. We

have had repertories from the beginning of the history of homœopathy until today. Each and every one of them was said to be practical and up to date. If any one of those repertories had fully met the requirements of the law of similars, it would have been the beginning and the end of the making of repertories. To the degree that these principles are founded upon truth, they are the same today that they were a thousand years ago. Those principles founded upon truth require the same application today that they did in the time of Hahnemann; they will require the same application a thousand years from now. In order that you may make a proper record of your case, you must know how to go about it, and I know of no way of doing that except to follow the example and practical suggestions of Hahnemann. Hahnemann says after you have properly taken your case, eliminate from your record every symptom that does not bear upon the peculiarities of the individual, that is, the symptoms that are dependent upon mechanical causes. They do not enter into the totality of symptoms needed for the selection of your curative remedy. You then begin with the symptoms that apply to everything pertaining to the individual, the generalities. These general symptoms must not be confounded by symptoms common to disease manifestations. The general symptoms show the tendency or characteristics of the individual, while the other shows the characteristics of the disease. The curative remedy must cover the general characteristics of the individual. Usually you will find a dozen or more remedies about evenly indicated. The differentiation between these remedies may be brought out by comparison with the unusual or peculiar symptoms related of the individual.

After your case has been properly taken and you have eliminated every symptom that does not come under these two heads, "generalities" and "peculiarities" (which may appear under the modalities), you are in position to use the repertory to good advantage. Boenninghausen and Kent are the only authors who have followed Hahnemann's Organon, consequently the most satisfactory results will be secured through a mastery of their schema.

Dr. Edgar: Pathological symptoms and diagnostic conditions are additional symptoms to help comprehend the anamnesis. But with all the aid of symptoms you should also have a foundation of anatomical, physiological and pathological knowledge. The pathological condition, added to the symptoms of the proving, is only a suggestion to aid you, as with a diagnosis which is only an aid as a suggestion, not a deciding factor.

Dr. Cheeseman: I have used several repertories. Constantine Lippe's is the one I stand by all the time. I have worn out one copy and had it rebound. Knowledge that has been acquired by long study should not be destroyed. Intensive study of a remedy leads to diagnosis. The repertory is for the purpose of leading you to the materia medica, for some symptom that you have found in that repertory will lead you to the study of the drug. I have studied fifteen hundred of them. We have a large armamentarium of remedies. Dr. Hawkes once said: "An Indian goes into the woods; he sees a leaf turned here, a bush disturbed there; he will follow these signs like a bloodhound."

Through the path of materia medica there are symptoms that many of you see and think worthless. But that is the mine of gold you want to find. That is what you are here for. We shall not wipe out all our materia medica. If you will take the repertories that have been used for years and use the material therein contained, I am with the essayist.

Dr. Runnels: Dr. Wood does not desire to lose anything that the homœopathic profession has ever acquired. He is here to stand for all that is good. But he knows of the woeful mistakes that are being made by men who are prescribing for patients. Hahnemann said, "First remove the cause." Remedies have their limitation, and you must be wise enough to know when the remedy applies and when it does not. We are raising our voice to save hundreds of victims who are drifting along taking remedies that have no relevancy to the prevention of carcinoma. As long as I have power to utter a note of warning, I will sound that alarm. Dr. Wood is trying to arouse the profession to the apprehension of the fact that sometimes a remedy is not indicated although the repertory would show it to be. We must find out what the medical remedy will do and what it will not do. It is only a brief time for instance, from the beginning of intra-abdominal inflammation to a fatal complication. It does not take many weeks or months to get such chronic pathology that neither you nor any other man can cure it. Wherever physicians have been prescribing for these conditions during the period of opportunity, and have permitted the patients to drift into hopeless conditions, the after-consideration is dismal and frequently denunciatory.

Dr. Fahnestock: I am delighted that Dr. Wood is looking after the materia medica. I wonder how many in the room possess Kent's repertory. I have a number of repertories which I use as a guide to the selection of remedies. The repertory will point you to remedies that are deep acting for deep troubles, but you must learn to use it. I would not make much music out of a violin, and some people would have little satisfaction in a repertory. They haven't a materia medica to refer to, if they had a repertory. They are no more prepared for the practice of medicine than if Dr. Wood had a chisel and a pair of forceps for his surgery. This reminds me of Timothy Field Allen when he gave us lectures. He said, "Gentlemen, you are supposed to know your pathology and histology. I am giving you the materia medica, the repertory that points to it; and if you don't know all of it, I shall pluck you. You are supposed to *know* these things."

Dr. Hanchett: It is the crying need of our school today that we have just such a repertory as Dr. Wood has suggested. I believe there are two things truly commendable. In the first place, he makes it shorter than the old method of repertory, and that will be a great help. A great philosopher once said, "Better have ten thoughts in one thing than ten things and no thought." We have tried to study too many remedies and have not in our mind a picture of the remedy. Take the old remedies, bryonia, nux vomica and belladonna. We almost know them at a glance. Add to these remedies the keynotes that Dr. Wood suggests and study pathology. You do not then neglect

your fulminating appendicitis until rupture has taken place, you do not neglect your hernia until it is too late to operate, but you have your suggestion with the keynote as to what you are dealing with, and I think it a vital point.

Dr. Wood (closing the discussion): I simply want to state in closing that I am not a specialist in materia medica. I have no thought of writing a repertory. If I am able to do you any good, it is to call the attention of you internists and materia medicists to what we surgeons think is a weak point in homœopathy. I want to say to you that I should not like to practice surgery without homœopathy. If I did not believe in its utility, not only in presurgical conditions, but in postoperative conditions as well, I would not be so anxious to clear up some of these points, which it seems to me have been too long a stumbling block in the homœopathic school. My scheme is merely a suggestion, hoping that someone who has more time than I, who is a very much better materia medica student than I, will be able to create a repertory along the lines indicated. I have no intention of destroying those already created. I understand that the repertory is merely the index of materia medica. I appreciate that fact, and my desire is simply to emphasize to the general practitioner, the splendid prescribers who can do so much with remedies, that unlimited faith in remedies does lead, according to my experience as a specialist, very many times to disaster. That is the point I am trying to emphasize, and if I have succeeded in attracting your attention to that one point, I shall feel more than repaid for the effort I have made to emphasize it.

How To Select the Homœopathic Remedy. Especially is it important to be thoroughly conversant with uncommon and peculiar symptoms of drugs, the so-called modalities, for these will very often act as a keynote to guide one to the proper remedy.

Case 1. An elderly lady suffering from winter cough, constant and distressing, as if a feather were tickling the throat, feet always cold. Calcarea carb. was prescribed and promptly relieved the cough. In studying drug action one cannot fail to be struck by the very peculiar or keynote symptoms or provings which characterize certain drugs. Thus antimonium tartaricum has a violent pain in the sacrolumbar region. Pulsatilla has aversion to fats. Gelsemium, kali bichromicum and natrum muriaticum have a blinding headache. Hepar sulphur has feeling of splinter in the throat. The recognition of these uncommon symptoms and the drugs which possess them is an enormous help in drug selection.

Case 2. A patient suffering from colicky pains on right side of abdomen, which had persisted for several months, was cured by lycopodium, which was selected as the remedy from among several others because the patient complained of feeling "one foot hot and the other cold," a very unique symptom, which appears in the proving of lycopodium.—*James Searson. M. D., Gillespie Lectures.*

EXPERIENCE IN THE WAR ZONE

By E. L. Cavenee, M. D., Mt. Pleasant, Iowa

I had the good fortune of being accepted as one of the surgical staff in the Chicago Unit, which crossed over last June to take charge of a Base Hospital up near the French fighting line. This Unit, organized by Dr. Murphy of Chicago, at the request of the British Government, consisted of 33 physicians and 75 nurses. There were 600 applicants from which to select the surgical staff. We were not under the Red Cross. We were strictly under the rules and regulations of the British Government, also financed by them. We were entirely neutral. Had Germany made the same request, we probably would have gone there.

Leaving Chicago on a special train the morning of June 14th, arriving in New York the following Tuesday morning, we sailed that afternoon on the Holland-American Line for Falmouth, England. In a way, most of us hated to leave our native land and our dear ones at home, especially when our fate was so uncertain, the Lusitania having been sunk not long previous; nevertheless we were brave sailors, or acted the part well. Our voyage was most delightful, smooth sea all the way. The last night on board was in the war zone. None of us slept a wink, did not even retire; a great many had their life belts on. All life boats were swung and in readiness to be lowered at a moment's notice. On account of a heavy fog our boat was rammed by another vessel, a few hours after we had disembarked at Falmouth. The accommodations for disembarkment were very poor, as this port has only been used for that purpose since the war. We were taken to shore in a tug, from which we had to ascend a ladder about 20 feet high in order to get on the dock. We had to go directly to the custom house, which was in an old shack of a shed, to declare our baggage.

Leaving Falmouth that evening for London on a special train, we arrived there next morning. We were given strict orders on the train to keep our curtains lowered for fear of Zeppelins. In London we were distributed among the different hospitals in order to acquaint ourselves with the English methods and technic of treating the wounded and sick

soldiers, which was very interesting. Afternoons we went sight-seeing over the city.

After a week's stay in London, we were sent to a Base Hospital Camp in northern France, 40 miles from the front line of trenches. Quite often we could hear the bombardment, especially when the wind was in that direction. Our hospital had accommodations for 1,000 patients under normal conditions. After one of the drives we crowded it up to 1,500.

This locality was quite a hospital center, having accommodations for 30,000 patients. The Canadians had a hospital adjoining ours. The Harvard Unit was only three miles away. We Americans and Canadians had a few baseball games whenever there was a lull in the activities at the front. Our hospital consisted of 35 wards, two large and two small operating rooms, thirty beds in each ward; the latter was constructed out of heavy galvanized tin externally, asbestos internally, wood floors; operating rooms were very well equipped, plenty of supplies, and electric lights all over the camp. Officers and nurses lived in little huts which had heavy galvanized tin for roofing, heavy canvas for the sides, and wood floors, and were large enough to accommodate one person, or two if necessary. There was a good bath house, with plenty of hot water, two large tents for eating and recreation. Our food was very good.

We wore the regular British khaki uniform and were subject to the same military rules. We received patients within 4 or 5 hours after they had been taken from the battle field. Each soldier has in his kit supplies for a temporary dressing. If he is not able to dress his own wounds, a comrade does it for him, or perhaps a doctor, as there are a few in the trenches. He remains in the trench or on the battlefield until dark, as it is too dangerous in the daytime to remove him; then he is taken to the nearest dressing station, which is back a quarter of a mile or so,—just depends on the lay of the grounds as to protection. Here he is looked after temporarily, then he is quickly shifted to the clearing hospital, which is back about 5 miles. The wounded are taken from the battlefield on stretchers and on backs of orderlies. From the dressing station to the clearing hospital they are taken in all kinds of vehicles, which are quite often blown to atoms on the way. The clearing hospitals are often bombarded. From the clear-

ing hospital they are taken by train to a base hospital such as ours. There the real work is done. Some of the hospital trains cost $800,000 and have equipment for 600 patients. Sometimes we would receive three to four hundred patients a night. Every patient was bathed and given a clean uniform before being taken to his ward. Their dirty uniforms were sterilized at once. Most of the soldiers become lousy in the trenches, but by good prophylactic measures these parasites are kept out of the wards.

There are more shrapnel wounds than any other kind, and terrible wounds they are. Words cannot describe them. Most of these wounds are infected, due to the rough edges of the metal carrying into the flesh pieces of clothing, dirt, etc. Many arms, legs and fingers are blown off, sometimes the whole side of a face, but modern surgery saves most of these unfortunate cases. Every soldier who is wounded receives a prophylactic dose of antitetanic serum, which results in very few cases of tetanus. Every soldier is vaccinated against typhoid; as a result, no typhoid. There are many neurasthenic and mental cases, caused by the concussion of high explosives, and being buried in the trenches. Some cannot hear, talk or remember; some are in a nervous tremor continually; others become mentally deranged. We had a few slip away from the wards at night and commit suicide. Some of the officers at the front in the midst of a charge become so excited and crazed that they begin to shoot their own men. Some of the soldiers try to become crippled by shooting themselves in the hand, arm or foot, thinking that they were safer in a hospital and probably would be ordered home. But if they are found out the penalty is death. Some attempt to feign illness by malingering to avoid further active service.

Suffering at the front is like being at the mouth of hell. A patient told me that he had seen a wounded soldier move his hand after lying for five days in front of their trench, his comrades being unable to rescue him because of the deadly German fire. Trenches are so full of water sometimes that soldiers are drowned.

English organization and war tactics have been very inefficient. We have treated many soldiers who have been wounded by their own artillery fire. For instance, they would order the men to charge and take two lines of German trenches if possible. They would succeed in doing this and finding they

had a chance to take two more would do so; their own artillery, mistaking them for Germans, would fire upon them. As a result whole battalions have been annihilated.

The soldiers are well fed, no raw vegetables or fruits allowed; the method of fertilizing gardens there might spread disease germs to the vegetables, through handling. The same is true of ripe fruit. Everything had to be cooked. Every pint of milk was boiled before it was given to the soldier.

We lost one nurse, Miss Hamilton of St. Louis, who died from infection transmitted from a wound she was dressing. We had no new methods, no new anesthetics, no new antiseptics. We use chloroform on the battle field and ether back in the hospital.

Soldiers in the hospitals and reinforcement camps were well entertained. Graphophones are in every ward. There are numerous Y. M. C. A. huts where the soldiers could have recreation and were entertained three or four times a week, often by vaudeville stars and opera singers. We had an open air concert once in which some of the officers took part.

The discipline of the English soldier is certainly wonderful. They asked no questions, offered no protest, simply did what you told them, did it with no thought of the death which was all around them. They have become merely parts of the machine of destruction. I have been told by soldiers that often they talked to the Germans across the trenches and the Germans say they are sick of war and do not want to fight any more than the English do. The world knows the French. Wonderful people they are. They die gladly and quietly for their beautiful country.

I visited Paris for one week, the most beautiful city I have ever seen. But it looks sad now. Death has visited most every home, and women are wearing heavy mourning. Public buildings of interest are closed and many fine works of art have been moved away and hidden. They say the streets there are cleaner than ever before, due to women laborers. In traveling across the country, in both France and England, you notice the predominance of women laborers in the fields.

A great change has come over London. Six months ago there was gaiety on every side and uniforms of soldiers were not much in evidence; one hardly realized England was undergoing her most vital war. Today all is changed; most places of amusement are closed; society has been drained of its young

men, and uniformed soldiers crowd the streets. The city is so darkened at night that one has difficulty in getting about. The taxicab service is very limited, many of them being compelled to drive without head lights. The women are seen going to and from munition factories, many having cast off their mourning and become sullen, vengeful and bitter toward the enemy.

I have no idea how long the war is going to last. I have no means of knowing what the resources of the belligerents are. I know the English are becoming better organized and stronger every day.

705 Broadway.

DISCUSSION OF DR. MAXWELL'S PAPER*

Perforations of the Abdominal Viscera

Dr. Buchanan: I would like to ask Dr. Maxwell what anesthetic was used. Was it ether in all cases?

Dr. Maxwell: I do not remember whether it was or not.

Dr. Buchanan: The reason I speak is that the Doctor implies that there is danger in having the patient propped up until he comes out of the ether. There is no danger in propping the patient up immediately. If the doctor were to go into a room where there were a lot of heart cases, he would find them sitting up in proportion to the amount of dyspnea they had. The more dyspnea the higher the position.

Dr. Kahlke: This paper should not be allowed to go by without discussion. The Doctor is to be congratulated that he got his cases early. The prognosis during the first twelve hours is better than during the second. After the first twenty-four hours, the prognosis is bad. In all my emergency work I have never had an early case. I have had two cases of acute perforation, but neither was an early case. I have had two typhoid perforations, but both were late. One was brought in on a stretcher from out of town, absolutely delirious. I opened, washed out and drained (that was fifteen years ago). The patient was too sick to admit of search for anything. He got over the operation all right, but died of exhaustion in ten days. The other patient was also seen late, but he was not delirious. He was having hemorrhages, and had an acute abdomen. On the third day, I opened and found the small bowel had sloughed through. Drainage was put in, but he also died ten days later of acute typhoid hemorrhage. In the recognition of the acute abdomen, there are certain symptoms that call for the opening of that abdomen,—pain, rigidity, localized tenderness, especially if there is a history of collapse and rapid pulse.

I had one case of acute rupture that was particularly interesting.

*Journal of the A. I. H., Jan., 1916, page 745.

This man was a member of a gang of structural iron workers. As he was a new member, he was "initiated" by the rest of the gang. The nozzle of the compressed air apparatus was held a few inches from his anus and the air turned on. There was a pressure of 275 pounds. He felt something give way inside the abdomen, and fainted. Laparotomy thirty-six hours later for an acute abdomen disclosed a splitting of the longitudinal band of the colon from the rectum to the cecum, with multiple perforations. The man died.

Dr. Stewart, Pittsburgh: I would like to ask the Doctor why, in the case that died of septic peritonitis, he had not thought of duodenal perforation as the cause of peritonitis? If in this case you had a pus tube it was probably an old one and the contents were sterile. It is a question in my mind whether a rupture of an old pus tube would have given the train of symptoms described. With the post-mortem, I should be inclined to the opinion that the infection probably came from a duodenum perforation. Will the Doctor kindly explain why he eliminated a duodenum perforation as the cause of the peritonitis?

Dr. Chislett: I want to congratulate the Doctor upon securing such good results after thorough flushing with normal salt solution. That is the way we treated these cases years ago before we realized that the untraumatized peritoneum will take care of these infections better. The mortality in perforating appendicitis with diffuse peritonitis is very much lower since we discontinued irrigation.

Dr. Stewart, New York: In cases of general peritoneal infection, as from a ruptured appendix, it is good surgery to wash out pretty thoroughly. I think there has been a little swing of the pendulum back, in regard to the idea that we must not put water in at all. I have been noticing the reports lately, and I find many good authorities who do that. If the infection is at all general, it would appeal to reason and common sense, and is not at all bad.

Dr. Maxwell (closing the discussion): In reply to Dr. Stewart's question will say, that usually with perforating gastric or duodenal ulcer we have some evidences of stomach contents. There was no evidence of anything except perforation of the tube.

In regard to flushing, the perforation of the gastric ulcer had poured great quantities of stomach contents into the cavity, and I could not see how any harm could come from washing out some of the filth, so long as I did not handle the viscera. In the typhoid perforation I felt the same way, that the patient had a better chance to recover because of that treatment.

War. I have no theories for the prevention of wars. War is certainly not always a sin. There have been many chivalrous and necessary wars. I have scant sympathy with pacifists who blind their eyes to facts. But we should do well to leave war in the unpretentious category where General Sherman placed it. While we are weaving a halo for the thing we call "sacrifice," there is danger of forgetting the bestiality of the actual business of slaughter.—*Selected.*

FEDERATION*

A Tentative Plan for Federating the Interstate, Sectional, National, State, County and Local Societies, Associations and Clubs, with the American Institute of Homœopathy

By Scott Parsons, M. D., St. Louis

In considering a federative scheme for the American Institute of Homœopathy it might be well for an estimating basis, to recount the numerical growth of the Institute. To illustrate this, I have prepared a diagram showing the Institute's numerical ascendency for the last 34 years.

From 1882 with a membership of 779 to 1885 with 745 members there was a decrease of 4 per cent. The next five years presents an increase of 32 per cent. From 1890 to 1895 there was a gain of 60 per cent; 1895 to 1900, 18 per cent increase; 1900 to 1905, 7½ per cent growth; 1905 to 1910, 30 per cent, and 1910 to 1915, an 18 per cent gain. The average annual growth was 68 members, or 9 per cent gain. This shows us conclusively that the Institute is not going backward, and, with a few exceptional years, has gained slowly but surely. Today, the Institute has 3,074 members, more than at any time in its history.

On a conservative estimate there are 12,000 homœopathic physicians in the United States. Of this number 3,000 or 25 per cent belong to the Institute; 7,000, or 58 per cent beside this 3,000 in the Institute, belong to some state, interstate or local homœopathic society, and some 2,000, or 16 per cent, do not belong to any society.

For the time being, eliminating the 2,000 unaffiliated physicians, we have 10,000 homœopathic physicians who belong to homœopathic societies. As 3,000 of this number are members of the Institute, it leaves 7,000 who can be approached by federation to join the American Institute.

How can we reach this 7,000?

How has the present membership been brought up to 3,000?

The second question can be answered in two words—personal appeal.

This can continue and the Institute grow some larger. But does the Institute with its present enrollment and distinctive in-

*Prepared at the request of the Council on Medical Education, and presented to the Board of Trustees, Dec. 18, 1915.

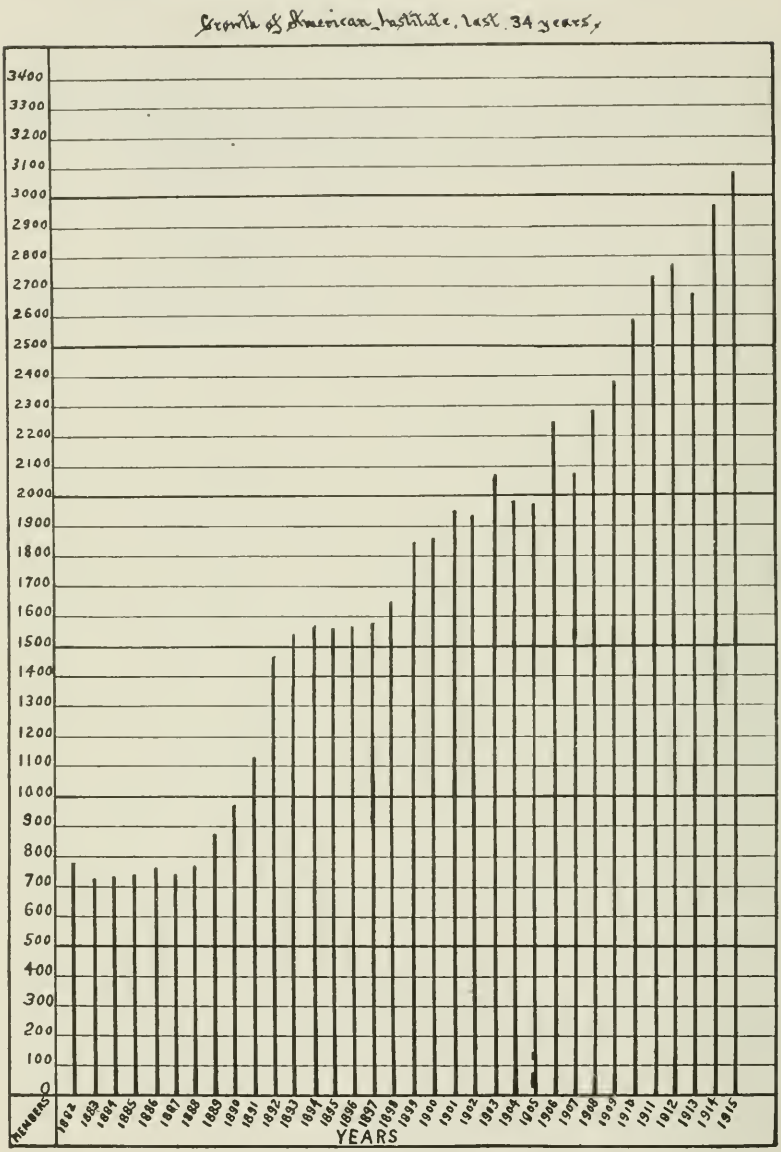


CHART 1.

dividuality represent what it should? Does it influence in any way the homœopathic interests all over the country, and do all the smaller homœopathic organizations, the breadth of the land, promulgate, perpetuate or propagate the interests of the grand Mother Body which should be nurtured, sustained and upheld?

It is true that representatives of nearly every, if not all, homœopathic organizations, are actively interested in the American Institute, but that work is more or less separate and distinct from their active labors in their home bodies.

Of the 171 homœopathic organizations throughout the United States, I question if there is one which, as a body, is interested politically, legislatively or financially in the Institute. And per-

AMERICAN INSTITUTE MEMBERSHIP RECORD

Percentage of Gain or Loss per Year

Place of Meeting	Year	No. Members	No. Members		Percentage	
			Gained	Lost	Increase	Decrease
Indianapolis	1882	779	..	..	.....	.....
Niagara Falls	1883	750	..	29	.....	3%+
Deer Park	1884	748	..	2	.....	1/5%
St. Louis	1885	745	..	3	.....	2/5%
Saratoga Springs	1886	774	29	..	3%+	.....
Saratoga Springs	1887	766	..	8	.....	1%+
Niagara Falls	1888	783	17	..	2%+	.....
Minneapolis	1889	873	90	..	10%+	.....
Waukesha	1890	981	108	..	12%+	.....
Atlantic City	1891	1,130	149	..	15%+	.....
Washington	1892	1,460	330	..	29%+	.....
Chicago	1893	1,525	65	..	4%+	.....
Denver	1894	1,589	64	..	4%+	.....
Newport	1895	1,570	..	19	.....	1%+
Detroit	1896	1,561	..	9	.....	1/2%+
Buffalo	1897	1,585	24	..	1%+	.....
Omaha	1898	1,630	45	..	2%+	.....
Atlantic City	1899	1,843	213	..	13%+	.....
Washington	1900	1,856	13	..	7/10%+	.....
Richfield Springs	1901	1,958	102	..	5%+	.....
Cleveland	1902	1,934	..	24	.....	1%+
Boston	1903	2,078	144	..	7%+	.....
Niagara Falls	1904	1,995	..	83	.....	4%+
Chicago	1905	1,992	..	3	.....	1%+
Atlantic City	1906	2,212	220	..	11%+	.....
Norfolk	1907	2,072	..	140	.....	6%+
Kansas City	1908	2.269	197	..	9%+	.....
Detroit	1909	2,383	114	..	5%+	.....
Pasadena	1910	2,597	214	..	9%+	.....
Narraganset Pier	1911	2,727	130	..	5%+	.....
Pittsburgh	1912	2,760	33	..	1%+	.....
Denver	1913	2,661	..	99	.....	3%+
Atlantic City	1914	2,976	315	..	11%+	.....
Chicago	1915	3,074	98	..	3%+	.....

These records include new members minus resignations and deaths each year.

haps rightly, too, because they are not in any way united. They play their own little way in their own little circle, and I will venture to say, as I have seen more than once, there are State meetings in which the American Institute is never mentioned.

The Institute has been a kind of side issue with most of us.

We go because we have a paper to read, some work to do, or are interested in something or other, not because we are delegated from our societies for any particular purpose. And, as the societies play no part in the Institute's administration or control, naturally, these societies are little interested; in fact, the large majority of the numerous members of these various societies do not know anything about the Institute, when or where it meets. They do not take the Institute JOURNAL, and some do not even know that there is such an organization as the American Institute.

The American Institute is no longer a club and it should not be necessary to extend a personal invitation to prospective members, nor beg them to come in with us. It should be their duty; and if they do not see it, then it is up to the Institute to show them that duty if the American Institute is to be the representative National Body.

This can be accomplished by federation only, and it was by this means that the American Federation of Labor, with over 3,000,000 members, united every branch of labor and all its employes into a federative scheme. Likewise, the General Federation of Women's Clubs, encompassing every state in the Union and every club in the States, be it social, literary, musical or whatnot, built up a national organization of 1,500,000 women. The American Medical Association, by a similar scheme, have federated their county, city and state societies with the mother body, the A. M. A., and made that Association in five years, jump from an independent organization of a few thousand members, such as the American Institute is now, up to over 30,000.

Is it possible we cannot do the same thing, and is there any sane reason why we should not?

Some one said, "It cannot be done," and he may be interrupted by some one doing it.

Let us look at the second diagram: Here we have the American Institute represented at the top circle with its 3,074 members; below and to the left are 9 National Societies with 1,176 members; to the right, 3 Sectional or Interstate Societies with 600 members; in the center we see 32 State Societies with 4,160 members; in the lower left hand circle, 82 Local Societies with 3,380 members; on the lower right, 35 Clubs with 722 members, and in the lowest circle 7 Alumni Associations with 3,055 members. The circles are arranged to show diagrammatically the near and remote relationship to the Institute. The arrows pointing to the A. I. H. circle are to indicate federation.

The sum total of all these societies represents some 13,000 members, many of whom, however, are duplicates, that is, members of two or more societies of the different classes, and as we are figuring on only 7,000 members of other societies outside of

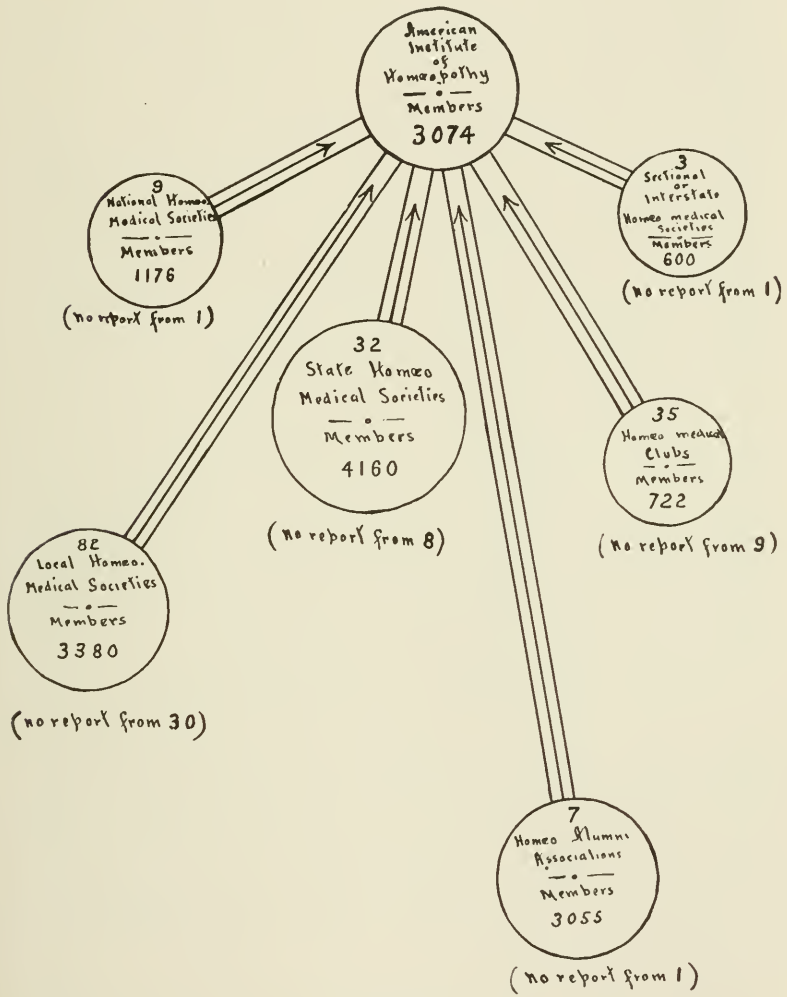


CHART 2.

the Institute, it leaves plenty of room for double or triple counting.

Let us for point of argument say that all these 171 societies are federated with the Institute, and of these 13,000 total members, there are 7,000 non-members of the American Institute.

And furthermore, let us consider that out of this 7,000 we could get but 4,000 into the Institute, allowing a generous 3,000 who might resign from their organizations, which is quite unlikely, because of federation. This 4,000 with the 3,000 we now have would make 7,000 members in the Institute.

Now let us for the present suppose that under a plan of federation, the dues in the Institute were reduced to $2 and the JOURNAL subscription $1.50, making a total yearly cost per member $3.50. Seven thousand members at $3.50 per member would mean an income of $24,500, or $10,500 on the JOURNAL account, and $14,000 on the General account. At present, the Institute's income, in round figures, represents 3,000 members at $3 a year, or $9,000, and 2,500 JOURNAL subscribers at $2 a year, or $5,000—a total of $14,000. The income from federation bringing an income of $24,500 against the present income of $14,000, would mean a gain of $10,500. This is exclusive of other incomes to the Institute; such as exhibits, JOURNAL ads, etc. But a federated body of 7,000 would mean more financially than the above amounts, for example: Increased attendance at meetings would encourage more exhibitors, thereby raising that revenue; extended circulation of the JOURNAL would admit of higher advertising rates and a larger number of advertisers, thus increasing this revenue; and again something like 7,000 JOURNALS distributed over the country instead of 2,500, as at present, would tend to create interest in men and events homœopathic.

Last year 38,100 copies of the JOURNAL were printed at a cost of $4,324, or at the rate of $114 a thousand. Seven thousand copies, under the federated plan, would total for the 12 months, 84,000 copies, which could probably be printed for $100 a thousand, or $8,400. The income from member-subscribers on a basis of 7,000 under the federated plan would give an income of $10,500. The JOURNAL, costing $8,400, would leave a balance of $2,100 on the right side of the ledger, against $800 by the present plan.

It will be seen that there is a large balance of the homœopathic profession at large and in societies, not in the Institute. The third chart will give you some idea of the percentage of members of societies who are not in the Institute, also the number of physicians in the states and percentage of same in the Institute. The list is incomplete owing to my inability to procure the data, but enough is shown here to give an idea of the percentage represented in the American Institute.

Just why are these men and women not with us? For one reason, some have never been approached; others who have are indifferent; while others cannot see wherein they will be benefited, and so on. Personal appeal will reach many, and has in the past, but if we wish to accomplish a purpose, and that purpose is the

Societies	No. of Members	Members of A. I. H.	Per-centage in A. I. H.
Missouri Institute of Homœopathy	175	70	40%
Southern Homœo. Medical Assn	250	150	60%
Illinois Homœo. Medical Assn	480	245	51%
Massachusetts State Homœo. Med. Soc	452	247	54%
Pennsylvania State Homœo. Med. Soc	653	247	37%
New York State Homœo. Med. Soc	552	296	53%
Rhode Island State Homœo. Med. Soc	40	27	67%
Chicago Homœo. Medical Society	193	120	62%
Ohio State Homœo. Medical Society	360	177	49%
Maryland State Homœo. Medical Society	91	15	16%

States	Homœo. Phys. in State	Members of A. I. H.	Per-centage in A. I. H.
Pennsylvania	1,200	346	29%
Massachusetts	600	247	41%
New York	1,161	423	36%
Missouri	330	83	25%
Washington	75	29	38%
Delaware	35	15	43%
North Dakota	12	5	41%
Idaho	22	1	4½%

Chart 3.

unifying and welding of the homœopathic interests of this country, we must put the Institute in a position where membership will be a necessity rather than an obligation or accommodation.

Federation must originate in the American Institute and work retrogressively to the various societies.

Ask anyone why he has not joined the Institute and the chances are he or she cannot give you a reasonable answer. It is not always that they are not interested: It is not that they cannot afford the $3; then why is it? Simply because they have not been placed in a position where they cannot afford to stay out. Here then is the keynote to the situation. Place the American Institute in such relationship with all the homœopathic organizations that membership becomes an asset, and with few exceptions, the outsider will fall into line. That is the principle upon

which all federated bodies must be worked. Do not fear resignations, nor the falling off of members in the state and local societies, for a federated homœopathic profession will eventually attract rather than repel, and membership not only in the Institute, but in all other homœopathic societies will be sought rather than avoided.

The time of, "You're a good fellow, come, be one of us;" likewise, "We cannot afford to drop him even if he has not paid his dues," is past, and Mr. Goodfellow should be made to come in or take the count.

Now the question comes up, "How shall we federate?"

Perhaps the ideal way is the three-linked, or step plan, viz.:

$$\text{Local}\begin{cases}\text{City Society}\\ \text{County Society}\\ \text{District Society}\end{cases}\textit{State Society}\text{——}\textit{American Institute.}$$

In this plan, membership in a local society would carry with it automatically, membership in the State and Institute with an apportionment of dues, or per capita tax, for each society, the treasurer of the local society remitting the apportioned amounts to the State and the Institute. This plan is beset with many obstacles and entanglements and would necessitate the undivided time and attention of some one to carry on the work in each state.

A simpler and quicker way, in my opinion, would be a direct federation of two links. By that, I mean to have every National, Sectional, Interstate, State, Local Society or Club, also the Alumni or other Associations, federate direct with the American Institute. Let them all become constituent societies. They may be chartered by the Institute, or directly federated through a simple form of certificate of agreement; this agreement being a form of oath, standing by the Constitution and By-Laws of the American Institute, and being in accord with the plan of organization of said Institute. Complete autonomy for each constituent society should be allowed.

In exchange for federation with the Institute, create in the Institute a *Congress of States;* the delegates to this Congress to be elected by the various societies according to membership. This would give every society a voice in the administration of the American Institute and make the Institute a matter of interest to each society as well as to every individual member.

Let this Congress of States consist of delegates elected by the constituent associations apportioned according to membership.

SCHEME SHOWING SOCIETIES, MEMBERSHIP, COLLEGES, HOSPITALS AND JOURNALS WITH APPORTIONMENT OF DELEGATES. ONE DELEGATE FOR EVERY 25 MEMBERS, ALSO ONE DELEGATE FOR EVERY COLLEGE, HOSPITAL, SANATORIUM AND JOURNAL.

SOCIETIES	Membership	No. Delegates
International Hahn. Assoc	206	8
O. O. & L. Society	215	8
Obstetrical Society	100	4
Nat'l Soc. of Physical Therapeutics	88	3
Soc. Neurology and Psychiatry	65	2
Surg. and Gynecology	175	7
Interstate Federation of Hom. Soc., N. Y. and Penn	175	7
New England Hahn. Assoc	175	7
Southern Homœo. Med. Assoc	250	10
Arkansas State Homœo. Medical Society	27	1
California State Homœo. Medical Society	160	6
Colorado State Homœo. Medical Society	75	3
Connecticut State Homœo. Medical Society	104	4
Delaware State Homœo. Medical Society	35	1
Idaho State Homœo. Medical Society (no report)	...	..
Illinois State Homœo. Medical Society	480	19
Indiana State Homœo. Medical Society	200	8
Iowa State Homœo. Medical Society (no report)	...	..
Kansas State Homœo. Medical Society	40	1
Kentucky State Homœo. Medical Society	107	4
Louisiana State Homœo. Medical Society	27	1
Maine State Homœo. Medical Society	44	1
Maryland State Homœo. Medical Society	88	3
Massachusetts State Homœo. Medical Society	440	17
Michigan State Homœo. Medical Society	173	6
Minnesota State Homœo. Medical Society	115	4
Missouri State Homœo. Medical Society	200	8
Nebraska State Homœo. Medical Society	62	2
New Hampshire State Homœo. Medical Society	53	2
New Jersey State Homœo. Medical Society	225	9
New York State Homœo. Medical Society	590	23
Ohio State Homœo. Medical Society	373	14
Oklahoma State Homœo. Medical Society	81	3
Oregon State Homœo. Medical Society (no report)	...	..
Pennsylvania State Homœo. Medical Society	800	32
Rhode Island State Homœo. Medical Society (no report)	...	..
South Dakota State Homœo. Medical Society	25	1
Tennessee State Homœo. Medical Society (no report)	...	..
Texas State Homœo. Medical Society	30	1
Vermont State Homœo. Medical Society	34	1
Virginia State Homœo. Medical Society	16	0
Washington State Homœo. Medical Society (no report)	...	..
West Virginia State Homœo. Medical Society (no report)	...	..
Wisconsin State Homœo. Medical Society (no report)	...	..
10 Homœopathic Medical Colleges		10
53 Homœopathic Hospitals		53
14 Homœopathic Medical Journals		14
Total number of delegates		308

CHART 4.

say one delegate for every 25 members. In addition to this, allow one delegate for every homœopathic medical college; one delegate for every homœopathic hospital, sanatorium or hospital for the insane, and one delegate for every homœopathic medical journal.

This Congress of States would be known as the business body of the American Institute. It would represent the delegated powers of the members of the American Institute and also be the national representative body of the Constituent Associations. Its function would be to elect the general officers of the Institute, and a board of trustees, and would transact all general business of the Institute of a public, professional, scientific or other nature that is not otherwise provided for.

The business management of the Institute would continue as in the past in the hands of its Officers and Board of Trustees, but the federated societies or constituent societies through its delegates forming the Congress of States would have the power to say who these officers and trustees shall be.

Under this plan of operation all societies federated with the Institute would be vitally interested and have a power in Institute affairs which, in my opinion, they should have. This feature alone will encourage federation, awaken interest and activity in the various societies and enliven politics in the American Institute, which is essential to the welfare and progress of every large body.

This plan of federation could readily be carried out in two years' time. *First,* the American Institute would have to prepare the way for federation by amending its Constitution and By-Laws. *Second,* as every society, association or club has a representative, or representatives, actively interested in the American Institute who is also, more or less, a power in his local or state society, let these parties carry the plan of federation to their various societies in which they are interested, and urge a similar change in their constitution and by-laws and adopt such by resolution, opening the way for federation as inaugurated by the American Institute.

As to the question of dues; these I believe should be collected by the Treasurer of the American Institute. The Doctor-Secretary or Doctor-Treasurer who holds his position per honor without remuneration, and has to make his living through his practice, is, as a rule, not a man of system, nor is he an expert accountant, and is likely to confuse if not delay collections, and

the financial end of a general federative scheme must be on a strict business basis and not subject to procrastination or sympathetic leniency. The Treasurer's office of the Institute is conducted along strict business methods and there would be less complication if the dues were collected direct through this office.

The Secretaries of the various constituent associations should be called upon at certain periods for a complete list of paid-up members.

In the case of duplicate names, that is, one belonging to two or more constituent associations, the name of the member should be enrolled through his closest society. A card index system should give the name, address and all the societies of which the party is a member, the first society of the list being the society through which he enters the Institute through federation. His name would appear but once in this file, and should his name appear again in the list of another constituent society, a repetition or duplication of the name could easily be avoided. He pays his dues to the Institute but once, no matter how many constituent societies contain his name as a member. This is a simple matter of bookkeeping and is dependent upon a correct system of recording and filing.

This plan of federation, while it may not be ideal or perfect, has many advantages. To attempt to district each state where in some instances, in borderline or state line cities, the physicians live in one state and belong to societies in neighboring states, would require a most complicated and intricate plan. Again, to federate the district, the county, the local and the state societies with the Institute by the step plan would take years and endless energy and money at this time. Again, there are many physicians in small societies and clubs who are not members of a local or state society and many in states where no societies exist who would be left out. Therefore, the direct plan of federation would enable us to reach every homœopathic physician in every society or club, also those who are at large.

I suggest this plan for its simplicity, feeling that it is the first and easiest step to take. Later, a complete federative scheme could be worked out by the step plan of three links, if feasible.

Without inclination to bore you further, there is just one argument I would beg to present to you, to strike home the necessity at this time to strengthen our forces and make the American Institute a power in medicine.

In the Encyclopedia Americana under the article on Medicine,

written by the famous Sir William Osler, M. D., appears the following:

"The new school does not feel itself under obligation to give any medicine whatever, while a generation ago not only could few physicians have held their practice unless they did, but few would have thought it safe or scientific.

"Of course there are still many cases where the patient or the patient's friends must be humored by administering medicine, or alleged medicine, where it is not really needed, and indeed often where the buoyancy of mind, which is the real curative agent, can be created only by making him wait hopefully for the expected action of medicine, and some physicians still cannot unlearn their old training.

"But the change is great. The modern treatment of disease relies very greatly on the so-called natural methods, diet and exercise, bathing and massage; in other words, giving the natural forces the fullest scope by easy and thorough nutrition, increased flow of blood, and removal of obstructions to the excretory systems or to circulation in the tissues.

"One notable example is typhoid fever. At the outset of the nineteenth century it was treated with 'remedies' of the extremest violence, bleeding and blistering, vomiting and purging, antimony and calomel, and other heroic remedies. Now the patient is bathed and nursed and carefully tended, but rarely given medicine.

"This is the result of the remarkable experiments of the Paris and Vienna schools upon the action of drugs, which have shaken the stoutest faiths; partly of the *constant* and *reproachful* object lesson of homœopathy. No *regular* physician would ever *admit* that the homœopathic 'infinitessimals' could do any good as direct curative agents; and *yet* it was perfectly certain that homœopaths lost no more of their patients than others. There was but one conclusion to draw, that most drugs had no effect whatever on the diseases for which they were administered." (From an allopathic viewpoint.—Author.)

And at the last meeting of the Clinical Congress of Surgeons, held in Boston last October, Dr. Charles Mayo, President of the Congress, before a crowd of over twenty-five hundred surgeons of the regular and homœopathic schools, gave utterance to the following:

"Hahnemann was the greatest scientist of his age, living eighty years ahead of his time. He was investigating and re-

searching in medicines and their effect upon human tissues. We are investigating bacteria and their effect upon animal tissue. We are *proving* the correctness of the law, similia similibus curentur, as enunciated by Hahnemann."

These are admissions from or by the highest authorities of the old school who for years have laughed at and ridiculed the law of similars.

The tide has turned, and homœopathy is coming into its own. It is destined, in the not far distant future, as we have all hoped for and expected, to be proven the only law of cure, and to merit world recognition.

The psychological time for us to force the trenches has arrived, and in no better way can we demonstrate this act of advancement and progression than by unifying our profession and federating our homœpathic medical organizations.

In order to get a scheme of federation under way, let us start with the state societies and arrange for a special meeting at the next session of the Institute in Baltimore. Let us take up an active campaign through a rapid-fire correspondence with the presidents of the state societies and urge them to appoint delegates with alternates to meet in Baltimore next June and then there arrange for a general federation of our state societies with the American Institute. A revision of the Constitution and By-Laws of the Institute, opening the way for federation, is now under preparation and will be presented at the Baltimore meeting. When this has been acted upon, the Institute will be in a position to "talk business" to the state societies, and it will then be up to them to "blaze the way" for recognition. Several states have already pledged their affiliation and are revising their constitutions and by-laws preparatory to admittance.

Let's build a band wagon and all get into it.

The Scientific Method of Drug Proving.* Experiments on animals can be of only slight value in helping homœopathic prescribers. In the first place, animals vary in susceptibility from healthy human beings. Again, we lose all subjective symptoms. The proving of cactus grand. by Rubini proved absolutely that this drug has an action on the healthy human heart. The symptoms produced were rapidity of the heart action, sensation as of an iron hand grasping the heart, etc. When they tried to prove cactus grand. on an animal, failure resulted. The scientific method is to prove the drug on the healthy human being.

*Discussion of Dr. Mellon's paper in November Journal. Corrected copy received too late for the November issue.

You cannot separate pathology from symptomatology. In Farrington's Materia Medica under kali iod. are mentioned the red face, the dilated pupils, and other symptoms that apparently indicate belladonna, but he says, "You put your ear to the patient's chest and find one or both lungs consolidated. The consolidation is the deciding symptom in favor of kali iodid over belladonna." Then he goes on to say that those who prescribe on symptoms alone will fail; that you need to prescribe on pathology as well as on symptomatology. Symptoms are objective and subjective; consolidation is an objective symptom. Pathology and objective symptomatology are one. The brown streak down the center of the tongue, one of the strongest characteristics of baptisia, is an objective symptom. The red streak down the center of the tongue, produced in only one prover, is the strongest keynote of veratrum viride. It is not sufficient to prove a drug and learn the symptoms produced upon the healthy human body; you must verify those symptoms by clinical work, demonstrations in the hospital, and so forth. The trouble with the majority of our men is that they do not study materia medica. They do not study the provings that have already been made, yet they cry for re-provings. We must prescribe upon the symptoms produced in the healthy human body, otherwise we never get anywhere with homœopathy. The re-proving of belladonna did not enable anybody to prescribe that remedy with greater accuracy. Of course, it is necessary to teach the student everything we know about drug action. That is perfectly proper. When we prescribe a remedy at the bedside, we must base our prescription on the symptoms produced in the healthy human body, and not upon animal experimentation.

Phosphorus is not going to cure or help tuberculosis unless the symptoms of the individual case which we are prescribing for resemble the symptoms that were produced by phosphorus in the healthy human body. If we prescribe phosphorus from data learned from experimentation upon a guninea pig, we are going to fail in a large number of cases that could otherwise be helped. I know positively that we can cure tuberculosis. I have been connected for years with the largest tuberculosis hospital in the world, and I know that when you prescribe accurately, you can help or cure cases that are not too far advanced. We cannot cure from data learned by experiment upon animals, but by experiments made upon the healthy human body. Any drug may be indicated. Talk about "thin pus" and "thick pus." This case may be instructive. Male, aet. 61. Tuberculosis with hoarse cough, expectoration of thick, yellow, stringy mucus containing bacilli. I prescribed hydrastis upon the indication of the character of the cough and the thick, stringy mucus. This patient has gained thirty pounds in weight, has no cough, no active lung lesion, no sputum, no bacilli; apparently cured on the indication of the thick, stringy mucus, characteristic of hydrastis.

Dr. Mellon said we had four hundred drugs in the materia medica. He didn't count them. I did. We have about seventeen hundred. Simply remembering symptoms without any ability to utilize those symptoms doesn't amount to anything. It takes two things—the ability to memorize the symptoms and the ability to apply the knowledge at the bedside.—*Coleman of New York.*

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D. . . . . EDITOR

JOURNAL COMMITTEE

J. P. SUTHERLAND, M. D., Chairman J. RICHEY HORNER, A. M., M. D.
CHARLES E. SAWYER, M. D. FREDERICK M. DEARBORN, A. M., M. D.
SARAH M. HOBSON, Secretary of the Institute

Publication of an article in the Journal does not thereby secure the endorsement of the American Institute of Homœopathy. The Journal is the publicity organ of the entire Institute membership and is conducted by the Journal Committee in behalf of good-fellowship and medical progress.

Address all communications to The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Ill.

Vol. VIII. FEBRUARY, 1916 No. 8

EDITORIAL

The February Conferences. The College Alliance will meet in Chicago February 8th, during the annual mid-winter conferences. These conferences are:

Monday, Feb. 7, Medical Education.

Tuesday, Feb. 8, Medical Legislation and Public Health. College Alliance of the American Institute of Homœopathy.

Wednesday, Feb. 9, Federation of State Medical Boards and Association of American Medical Colleges.

It is a notable annual convention. Any one who is personally concerned with any of these activities cannot afford to miss this conflict of theories and presentation of ideals.

The College Alliance has come to be a definite factor in the coöperation of our medical colleges. The morning session will be given over to business and a part of the program published on page 938, if there is time. The program will be continued during the afternoon. This is the *College Alliance of the American Institute of Homœopathy*. The work of the Alliance concerns every member. *S. M. H.*

The Business of the Institute. The present issue of the JOURNAL is suggestive of many projected activities. The committee from the College Alliance on Verifications of the Law of Similars present in this issue their preliminary announcement. This should be read carefully by every member. Here is an uncommon opportunity, excellent literary discipline for the individual and a real service to homœopathic therapeutics. A definite portion of the JOURNAL will be set apart for the material furnished by Deans Hinsdale and Cobb.

The Chairman of the finance committee is in Baltimore at the present writing in conference with Dr. Price and his local committee, to perfect plans for a memorable Institute session at the Emerson, in June. The Bureau chairmen are reporting progress in the arrangement of the program. The Transportation committee is keen on the trail of the railroads offering the best transportation to Baltimore. And the Press committee sends out a characteristic appeal for the wherewithal to make an even more effective publicity campaign than that of last year for the enlightenment of the reading public.

Upon another page, Dr. Dewey, Secretary of the Council on Medical Education, presents his report on Medical Colleges. This report has been furnished to this particular issue of the JOURNAL that its contents may be at hand for the February conferences.

There are approximately one hundred of our members serving on state boards. It is their business to bring order out of the chaos of conflict between the art of taking care of the sick in the surest, simplest, speediest manner, and the machinery of state and federal licensure.

Federation of national and local societies has been under discussion for several years. Dr. Parsons presents a logical, simple plan for such federation. The constitution and by-laws are in process of revision. Just now is an opportune time to coöperate with the affiliated, state and local societies to secure a unitary plan of organization. Every state society should take this plan under consideration and either endorse it, or suggest modification.

Finally, Dr. Royal, who for several years has advocated election of officers in the Institute by postal vote, presents herewith this subject with a plan which has availed in several alumni associations to maintain an interest in the policies of the parent body. *S. M. H.*

Give Every Member a Chance to Vote. The plan of Dr. Scott Parsons for federating all the homœopathic associations, societies and clubs of the United States, presented by the Council of Medical Education to the Trustees of the A. I. H. at their annual meeting, Dec. 18, 1915, is the most concise, comprehensive and practical ever devised. The plan was enthusiastically received by the Board of Trustees; and the Medical Council, of which Dr. Parsons is a special member, was authorized to proceed with the development of the plan.

The two prominent vertebrae of the backbone of Dr. Parsons' plan are:

1. That every homœopathist, or his representative, is given a voice in directing the policies of the Institute.

2. That the working out of the details of these policies—the executive or administrative work—is placed in the hands of a few officers, who are to devote their entire time to specified duties.

The plan contemplates making membership in the Institute indispensable to every homœopathist and every homœopathic society in the country. To secure the interest and coöperation of an individual in such a plan of federation, he must be shown that for him it is not only a necessity but a privilege. That which every American considers his greatest privilege is the right to vote. In fact, he not only demands his right to vote, but he goes farther and demands that every possible means be employed to give him an opportunity to avail himself of his privilege to vote. To meet such demands, the Federal government has made provisions for the voters in the army to cast their votes in camp without going home. To meet such demands some states have made provisions to enable commercial travelers to cast their votes

in whatever voting precincts they happen to be on election day. Such legal provision, by state and nation, to interest the voter and encourage him to express his opinion at the polls, seems not only just, but wise. Such provision, giving every member of the Institute the opportunity to vote on all general policies and for the officers of the Institute, would greatly assist the Council in carrying out Dr. Parsons' plan of federating all the interests of Homœopathy, which are the interests of every homœopathist. If the soldier and the commercial traveler have good and sufficient reasons for special provisions to enable them to cast their vote, how much better reasons have the physicians!

We therefore respectfully ask the committee on General Revision of Constitution and By-Laws to consider the notice given at Atlantic City for such amendment as shall give the man or woman who cannot attend the annual meeting an opportunity to cast a vote. *G. R.*

Two Ways of Working. Two suggestive publications have come to the editorial desk. One is an extract from a discussion of Surgeon General William C. Gorgas on "The Factor of Poverty in Sanitation." The sanitation expert, whose work has arrested the attention of the world, goes on to say:

> **Poverty is the greatest of all breeders of disease and the stone wall against which every sanitarian must finally impinge. It is evident that this poverty is principally due to low wages; that low wages in modern communities are principally due to the fact that there are many more men competing for work than there are jobs to divide among these men. To alleviate this poverty two methods are possible, either a measure directed toward decreasing the number of men competing for jobs, or, on the other hand, measures directed toward increasing the number of jobs.**

Dr. Gorgas suggests that the number of men competing for jobs would be speedily reduced by the simple method of introducing into certain regions of the Southland infected stegomyia mosquitoes, that this is the method men have been

subjected to the last six or seven thousand years, that a similar method is at present being tried on a huge scale in Europe. But this is not the sanitarian's dream. For ten years he has been studiously seeking some method to eliminate poverty, the breeder of disease. The following paragraph is one suggestion:

> I recently heard one of the members of the Cabinet state that in the United States 55% of the arable land, for one reason or another, is being held out of use. Now suppose in the United States we could put into effect some measure that would force this 55% of our arable land into use. The effect at once would be to double the number of jobs. If the jobs were doubled in number wages would be doubly increased. The only way I can think of forcing this unused land into use is a tax on land values. I therefore urge for your consideration, as the most important sanitary measure that can be at present devised, a tax on land values.

The other thought-provoking publication is Bulletin Number 340, Professional Paper, Experiments in Vaccination Against Anthrax, by Adolph Eichhorn, Chief of the Pathological Division. In discussing the prevalence of anthrax and methods of control, the writer says:

> Various factors have to be considered in the prophylactic control of anthrax, such as the prevention of the continued impregnation of the soil with the virus by the proper *disposition of the carcasses* of animals that have died of the disease, the destruction of the virus contained in the soil by its *proper drainage and cultivation*, and the prevention of outbreaks through the *immunization of the susceptible animals.*

The italics are ours, because those phrases set forth concisely the effective methods of control. But the writer opines that while the best results would result from proper attention to these factors, yet "on account of the peculiar geographical conditions of certain parts of the country, the drainage and cultivation of the land would not be always feasible, and our efforts must therefore be directed principally toward the sanitary measures and protective vaccination."

The laboratory expert then utilizes twelve lines for sani-

tary measures and fourteen pages for protective vaccination.

"Disposition of the carcasses,"—incineration with resultant ashes to be utilized as fertilizer. "Proper drainage and cultivation,"—the man who has superintended the Canal Zone could doubtless suggest a feasible method for the "peculiar geographical conditions." And an educational campaign among farmers would be worth all it cost. "Immunization of susceptible animals,"—this is a therapeutic measure to be utilized when sanitary science has done its part, but never to supplant sanitation.

Laboratory work is engrossing, and it is easy to lose the large human vision in the intensive work of the microscopic world. But it is finer to have the larger range which goes beyond the usual conception of sanitary science to seek the economic factor which is fundamental in balking the advance in wholesome living.

"Poverty, the greatest breeder of disease." "Decrease the number of men competing for jobs, or increase the number of jobs." "Disposition of carcasses." "Proper drainage and cultivation." "Immunization of susceptible animals." Four points of preventive medicine to one of medicinal therapeutics. That is a better perspective than always obtains in medical practice. *S. M. H.*

A MONTHLY JOURNALISTIC SURVEY

An earnest attempt, which is nearing completion, is being made to have a very large number of medical periodicals perused carefully by competent readers and annotators with the view of assembling for publication, each month, such statements, comments, remarks, references and announcements of therapeutic tests and discoveries as bear upon the facts of homœopathy, especially such as give decided confirmation of any of its distinctive principles and applications. Non-homœopathic literature is replete with homœopathy. The College Alliance, at its Cincinnati meeting, appointed a committee, of which Dean Cobb of Chicago is chairman, to organize a group of reporters to excerpt current literature and to send in such quota-

tions as they may abstract to a supervising member of the bureau to be arranged by him for regular publication in this JOURNAL. The results will produce a kind of review of reviews of homœopathic confirmations by writers not of the homœopathic school.

A considerable force has already been organized and different journals have been assigned different ones for systematic sifting. After the next meeting of the Alliance, which occurs in February, it is anticipated the bureau will be active and that the publication of excerpts will soon follow.

Some definite rules or directions will be issued to those who take part. It is very much desired to have a staff of a hundred men working upon as many different publications. Of course, it will require considerable time to secure the cooperation of all those who will or who ought to assist in the general systematic survey of the field that it is proposed to review. Any one to whom this enterprise appeals and who will coöperate in making it useful and successful will please correspond with Chairman J. P. Cobb of Chicago.

The material well gleaned and systematically edited will soon amount to a large volume of proofs of the extent to which homœopathy permeates all medicine.

Those physicians who are asked to volunteer or to consent to be active in gathering the excerpts will please note that their tasks will recur as regularly as medical journals make their appearances. Practically, twelve times a year, they will be expected to communicate with the supervising or collecting office, which will soon be established. With each collaborator having his scrutinizing eye open and his pencil sharpened, the new department of the JOURNAL will soon become a necessity. At the next meeting of the Alliance the committee will make a report covering its work of organization and will recommend that Dean Hinsdale be made chairman of the collaboration committee and it is hoped that this will meet the approval of the Alliance.

Arrangements have already been made with the editor of the JOURNAL for a certain definite space with special heading to be regularly filled by this committee.

LOCAL COMMITTEE OF ARRANGEMENTS, BALTIMORE, 1916

Executive Committee:

Eldridge C. Price, Chairman, 1012 Madison Ave.
William D. Thomas, Secretary, 330 N. Charles St.
R. W. Mifflin, Treasurer.

Chairmen of Subcommittees:

Badges, J. E. Cummins.
Reception and Hospitality, H. M. Stevenson.
Automobiles, J. W. Wisner.
Exhibits, P. B. Towler.
Printing, W. D. Thomas.
Press, G. W. DeHoff.
Meissen, M. L. Ingram.
Memorial Evening, G. T. Shower.
Private Home Dinners. (Not appointed)
Membership for A. I. H., M. B. Hood.
Meeting Rooms, M. E. Shamer.
Information Bureau. (Not appointed)
Transportation. (Not appointed)
Special Excursion. (Not appointed)

Make your reservations NOW at the headquarters hotel, THE EMERSON.

INSTITUTE PUBLICITY

Notice from the Press Committee

Another year has rolled around and the American Institute enters a new era which we hope will be a history maker in the life of this grand mother body.

Of the greatest importance to the Institute and to homœopathy is the campaign of publicity. The press stories sent out from Chicago last year were heralded the breadth of the land, over 2,000 newspapers in the United States using our copy. Each press notice was an ad for the Institute and homœopathy, and also for the individual who furnished the paper.

The Press Committee is "on the job" early this year, and has already made arrangements with the press to handle our stories. In order to get full and complete publicity, we must have your paper EARLY.

While we understand that some medical papers are more or less scientific and technical, and are of little interest to the

reading public, a line or two here or there relating to topics of public interest will ofttimes make a good story. Diseases or injuries, or anything incident to war; hygiene of the trenches; social economics; child welfare; sanitation; temperance; a fad; a fancy; a new theory; an exploded old one; or something sensational, if you please, will catch the "press eye," develop a catchy story and help to get publicity. However, *no matter what your subject or its make-up, send it in.* It is up to you. Give us the material and we can advertise the Institute and homœopathy, and you will get the credit.

The Board of Trustees have selected Baltimore, Md., for the 1916 meeting and the dates June 25th to July 1st. *Get busy on your paper and mail a copy before June 1st to the undersigned.*

You furnish the paper
We'll turn the press caper.

Scott Parsons,
Chairman Press Committee.
Wall Bldg., St. Louis, Mo.

ON TO BALTIMORE AND THE INSTITUTE

By Carleton A. Harkness, M. D., Chairman Transportation Committee

The Transportation Committee are taking a great deal of pleasure in arranging for the trip to the meeting of the American Institute in Baltimore in June. Of course, we are going to have a special train, and it is going to be the best one that ever pulled out of Chicago. It will consist of steel, twelve-section drawing room sleepers, compartment cars, observation car, buffet car and diners. The equipment will be the best that the Pullman company can produce. From the standpoint of comfort, nothing will be left undone to make this the best trip that we have ever had. For the ladies there will be a maid, who will look after their wants and desires at all times.

It has been decided that it is best to go over the Baltimore & Ohio railroad. It is one of the best roads between Chicago and Baltimore. In addition, it is the scenic way. Our time of departure has been arranged so that we will have all morning in the mountains. Those who have gone over this line know the beauties of this trip through the mountains. For

the benefit of those who will make the trip for the first time, we can only say that from the time that we leave Pittsburgh until we reach Washington, it is one continuous panorama of scenery, which cannot be excelled.

The special train will leave Chicago at five forty-five on Saturday, June 24, and will arrive in Baltimore at five the next afternoon. This takes us through the uninteresting part of our journey at night and gives us a daylight trip through the scenic and historic parts of the ride.

A special dinner will be served on Saturday night, and the other meals will be a la carte. After the dinner a special entertainment will be given in the observation car. This special feature is to be furnished by the railroad, and is only one of the things that is to be done to make this the best trip we have ever had.

Complete train schedules and connections will be given in the next issue of this magazine. For those coming from west of Chicago, we suggest that they come over the Burlington as much as they can. We hope to have a special car from Minneapolis and St. Paul, from Kansas City and from Denver. We are promised this if we have a reasonable number from these cities.

We desire to urge upon all those going to the meeting the advantages of going on the official roads. From Chicago there are the pleasures of being with congenial people, the excellent service to be had on this train de luxe and the feature of having it known that we are a mighty body, which is alive and growing as inducements. From the points west there is the fact that you can have special cars if you will get together.

The fare on the B. & O. is cheaper than on other roads, but the service is in no way inferior. You leave Chicago later and arrive as soon as on any other line. Make your plans now to join the crowd and have the time of your lives. Tickets may be purchased through to New York without any extra expense.

The existing homœopathic hospital is noted for its usefulness, has earned the repeated approval of the authorities and has been honored with the *written* thanks of the Dowager Empress and the *verbal* thanks of the Emperor, conveyed through General Avelan.—*Personal letter from Dr. Brasol (Petrograd) to Dr. Burford (London).*

ANNOUNCEMENTS

Bureau of Homœopathy, A. I. H., June, 1916

Dr. Hanks makes the following preliminary announcement: Essayists: John P. Sutherland, Royal S. Copeland, Willis A. Dewey, Clifford Mitchell, Burrett-Hinsdale, Julia Strawn, Edward Beecher Hooker, Thomas A. McCann. Also, Symposium on Homœopathic Properties and Symposium on Homœopathic Verifications in the Laboratories; Five Minute Reports.

Register of Physicians in Attendance at the 1915 Session

Dr. Forbes sends in the following addition to the list published on page 656 of the December JOURNAL:

Drs. Calvin Frazee, J. G. Meyer and W. P. Armstrong, all of Springfield, Ill.

The correction is made with the request that any other name omitted from that list be sent to the Registrar, Dr. Wm. O. Forbes, Hot Springs, Ark., or to the office of the JOURNAL. It is a convenience to program makers to know what members are sufficiently interested in the Institute to be in attendance upon the meeting.

Applications for Membership

The following physicians have made application for membership. Their names could not appear in the December list of members since they are finally voted upon at the 1916 session:

James H. Appleman, Chicago, Ill.
James J. Conlon, Buffalo, N. Y.
Edgar C. Dunning, Cassopolis, Mich.
Clara E. Hanstrom, East Rockford, Ill.
Alphons J. Hertel, New York, N. Y.
Robin Hood, Locust Valley, N. Y.
Nat L. Johnson, South Gifford, Mo.
Sadie L. Omey, Detroit, Mich.
Arthur J. Davies, Baltimore, Md.
John A. Evans, Baltimore, Md.
G. Latrobe Ewalt, Baltimore, Md.
Ira L. Fetterhoff, Baltimore, Md.
M. Bowman Hood, Baltimore, Md.
Wilbur F. Skillman, Baltimore, Md.
Wm. Dulany Thomas, Baltimore, Md.
Fred'k J. Auwers, Chicago, Ill.
Joseph T. Auwers, Chicago, Ill.

COLLEGE ALLIANCE

Claude A. Burrett, M. D., Secretary

The annual meeting is set for Tuesday, February 8th, with headquarters at the Auditorium Hotel, Chicago.

The morning session will be devoted to business and a part of the program. In the afternoon, the main portion of the program will be presented. In the evening, there will be a banquet at the Auditorium Hotel to which all physicians interested in Homœopathy are invited.

PROGRAM

I. Laboratory Teaching

General Subject: Dean William A. Pearson, Ph. D., Hahnemann Medical College and Hospital of Philadelphia.

As to Chemistry: John C. Blake, Ph. D., Professor of Chemistry, Hahnemann Medical College and Hospital of Chicago.

As to Bacteriology and Pathology: William H. Watters, M. D., Boston University School of Medicine.

As to Anatomy: Francis C. Ford, M. D., Hahnemann Medical College and Hospital of Chicago.

As to Materia Medica: Albert E. Hinsdale, M. D., College of Homœopathic Medicine, Ohio State University.

II. Clinical Teaching

General Subject: Ralph H. Stewart, M. D., New York Homœopathic Medical College and Flower Hospital.

As to Surgery: Charles E. Kahlke, M. D., Hahnemann Medical College and Hospital of Chicago.

As to Internal Medicine: Homer V. Halbert, M. D., Hahnemann Medical College and Hospital of Chicago.

As to Materia Medica: Willis A. Dewey, M. D., Homœopathic Medical School, University of Michigan.

As to Obstetrics: Gilbert FitzPatrick, M. D., Hahnemann Medical College and Hospital of Chicago.

III. Materia Medica Teaching

General Subject: William A. Boericke, M. D., Hahnemann Medical College of the Pacific.

The Textbook: Clark Hetherington, M. D.

The Lecture: Dean George Royal, M. D., College of Homœopathic Medicine, State University of Iowa.

The Repertory: Rudolph F. Rabe, M. D., New York Homœopathic Medical College and Flower Hospital.

The Keynote Symptoms: Thomas H. Hudson, M. D., Southwest School of Medicine and Hospital.

IV. Propagandism

General Subject: Dean John P. Sutherland, M. D., Boston University School of Medicine.

As to the Faith: Dean W. B. Hinsdale, M. D., Homœopathic Medical School, University of Michigan.

As to Advertising: Dean Claude A. Burrett, M. D., College of Homœopathic Medicine, Ohio State University.

As to the Getting of Students: Dean Cornelia C. Brant, M. D., New York Medical College and Hospital for Women.

SURGICAL AND GYNECOLOGICAL SOCIETY

An important notice to each member from the Secretary, Dr. Scott Parsons:

The Board of Trustees of the American Institute of Homœopathy have announced Baltimore, Md., as the meeting place for 1916, and set the dates for June 25th to July 1st.

The Surgical and Gynecological Society will hold its seventeenth annual session jointly with the Institute.

This year promises to be a history maker for both the Institute and the S. & G. Society. Many important changes are about to take place. At this meeting the S. & G. Society will take up for final action a revision of its constitution and by-laws which will classify it as a strictly surgical and gynecological society, elevating its rank to a standard to meet the requirements adopted by other similar bodies, and limiting its membership to qualified surgeons and gynecologists.

As a member you must be interested in this proposed standardization, and we urge that you prepare to attend this meeting.

If you have anything new or novel or something of a scientific or practical nature to present to the society, send your title to the Secretary and it will be submitted to the Board of Censors for acceptance.

607 Wall Bldg., St. Louis.

Next meeting, Baltimore, Md., June 25th to July 1st, 1916.

FLORIDA STATE BOARD

The Florida State Board of Homœopathic Medical Examiners will meet March 10th in Jacksonville.

Further information can be had from

J. Burnie Griffin, M. D.,
Secretary Florida State Board
Homœopathic Medical Examiners,
St. Augustine, Fla.

The great Southland presents excellent opportunity for well-qualified practitioners. Florida is one of the great winter resort regions and it has many attractive localities for all the year residence.

CORRESPONDENCE

To the Journal of the American Institute of Homœopathy:

In view of the self-congratulation everywhere evident *in re* Mayo of Rochester, Minnesota, the following clipped from the *Official Bulletin of the Chicago Medical Society,* November 17th, 1915, may be of interest: In a paper, "Some Lines of Development in the Modern Therapy of Disease," Dr. Charles H. Mayo said, speaking of discoveries in medicine, "How curious it is that Hahnemann and his school came so near these great discoveries and yet missed them in their doctrine of *similia similibus curentur.* Their efforts were bent in the right direction, but were limited to the use of drugs which modern medicine is reducing to but a few in number as compared with the past, and these having definite effects upon the circulation, the nerves or the body secretions. The whole trend of medicine has turned toward a study of methods of repair of the body tissues and fluids, considered as a laboratory, all efforts being made to favor the development of resistance."

Yours fraternally,

Clifford Mitchell.

The Point of View. To twenty-five, aspiring to be a bank-president, a bank-president is a magnificent figure of a man, sitting in the bank's back parlor, letting humble borrowers have money, and deriving a large salary from dignified labors. But to sixty, who *is* a bank-president, or something equally impressive, a bank-president is just a cog in the financial machine, who tries to feed out other people's money so that it will earn more and come back; and charges what interest the market warrants, and takes such thought as he can, and often anxiously, not to be caught in bad loans.—*E. S. Martin, Harper's.*

GENERAL NEWS

California. The whole medical profession is saddened over the death of Dr. Edgar R. Bryant, following an accident in, which he sustained a fracture of the skull.

Colorado. Dr. Lida Russell of Denver announces her "Rest Home" a convenient place for patients passing through Denver, as well as a permanent abode for chronic patients, not tubercular.

Delaware. The State Society of Delaware has the distinction of having entered upon its membership list every homœopathic physician in the state except three. More than one-third the membership are also members of the Institute. Dr. Victor Washburn, the popular and efficient Secretary, has recently returned from a wedding trip. His friends extend their congratulations.

Iowa. Dr. R. P. Wilde, formerly of LeMars, has succeeded to the practice of Dr. Parsons of Traer. Dr. Parsons has embarked in a large mining venture in Arizona, where the promise of gold is more alluring than in the routine of medical practice.

Illinois. Dr. Reuben A. Adams of Rochester, New York, was the guest of Dr. E. Stillman Bailey recently. Dr. Adams has fully recovered from his recent illness and will spend the winter on his country place at Orange, California. Dr. Adams has the distinction of having been one of the Army Surgeons in the Washington Review, fifty years ago. He was in the Review again in Washington, September, 1915, when he was made Surgeon General of the Grand Army of the Republic. The Doctor modestly wore the badge of his rank, third officer of the present organization of 150,000 members. He also wears the state badge of the same organization and that of Medical Director of the State of New York. Dr. Adams is loyal to his profession, and to his country, a staunch believer in homœopathy. His personal loyalty to his friends is a fine record. All honors have been fairly won. His many friends are proud of the national distinction that has been his reward.

Dr. Chislett, president of Hahnemann College, announces quite definitely that the new hospital will be started in the spring; that the trustees will put up a $150,000 administration building, that Mr. Wrigley has added another $100,000 to his former gift for the Wrigley Surgical unit. The surgical building will be utilized for a general hospital until other units are provided.

Dr. McBurney, president of the Chicago Homœopathic Society presented an obstetric program in January, with papers by Dr. Gilbert FitzPatrick and Dr. Edw. L. Cornell on obstetric procedure, and on anesthesia by Dr. T. Edward Costain.

The program for February will be a dinner with representatives from the College Alliance as guests. The details of the program will be announced by the Secretary, Dr. Bacmeister.

Dr. Julia Holmes Smith, who has been recuperating in Maryland, is now in Brooklyn, the guest of Dr. Mary L. Lines, 285 Washington Avenue.

Dr. Julia Strawn is in California, the guest of Mr. and Mrs. William Wrigley.

Dr. E. L. Cavenee, Chicago Hahnemann, 1913, has returned from the relief expedition to the battle front on French territory.

The Consumers' Company is making its usual contribution to the charities of Chicago by issuing to physicians free coal certificates, each good for fifty pounds of coal. The request to the physicians is that each certificate be issued to persons personally known to be needy and worthy. A similar benevolence is maintained in the summer with ice. This illustrates one reason why the poor cling to city life. Lavish living encourages lavish giving. In the general distribution, the wretchedly poor stand a chance of getting bigger crumbs than in a more frugal community.

Dr. Schofield of the dispensary at Hahnemann College reports for December the following totals:

Medical		Surgical		Gynecological		Pediatrics		Mental & Nervous	
New	Old	New	Old	New	Old	New	Old	New	Old
43	188	47	104	13	79	13	72	6	28

Eye and Ear		Nose and Throat		Venereal		Dermatology	
New	Old	New	Old	New	Old	New	Old
84	55	27	52	4	16	5	48

New patients	242
Old patients	642
Total	884

Dr. Elmer E. Schwartz has removed his office to 25 East Washington St., and his residence to 5231 Kimbark Ave., Chicago.

Dr. Anna Varner of Pittsburgh passed through Chicago in January from Kewaunee, where she had been summoned by the critical illness of a nephew. Kewaunee is a town of 10,000 population, offering an opportunity to a competent young physician.

The present epidemic of grip while wide spread is yielding to well-selected remedies, so that the best prescribers are getting their cases back to work in from three to seven days.

Kansas. Dr. Corresta Canfield, of Pittsburg, at one time active in medical practice in Illinois, and Senior of the Institute, is sorely handicapped by loss of vision.

Dr. L. A. Ryder, member of the Kansas State Board of Health sets forth the advantages of that state for the medical graduate. Kansas has justified its claim to one of the most prosperous states of the Union.

Maine. Dr. Cecil W. Clark announces removal to 341 Water St., Augusta.

Maryland. Dr. Charles E. Sawyer, chairman of the finance committee, has been in Baltimore recently in conference with the local committee perfecting plans for the June session, and particularly for the business exhibit. Dr. P. B. Towler is the local man in charge of exhibits. The entire open space on the mezzanine floor of the Emerson will be utilized for this purpose. Three assembly rooms open off the mezzanine, so that the business arrangement is particularly good.

Mayor Preston, Governor Goldsborough and the Convention committee of Baltimore have united in extending the hospitality of the state and the city. The municipal automobiles have been placed at the disposal of the local committee.

Massachusetts. Dr. Clara E. Gary, president of the Boston University Graduate Women's Club, has edited a University Calendar for the year 1916. The following fine appreciation of Dr. I. Tisdale Talbot, for many years Dean of the Medical School, shows the success of the editor in soliciting contributions. The first is from the pen of Dean Sutherland, the second from Dr. Horace Packard. Both of them, now Seniors in the Institute, were young men when Dr. Talbot was in his prime.

> He was a born captain; a successful leader, full of energy, initiative and endurance; determined, persistent, but able to yield a point if it seemed for the good of the cause; of quick and keen perception, and possessed of an intuition as to the probable success of a venture. He was a judge of human nature and skillful in stimulating all about him to high endeavor and earnest labor. He was a moving spirit in local, state, national and international medical associations. With high ideals of loyalty and duty and a deep sense of personal responsibility, he devoted his life with tireless energy to the welfare of humanity.
>
> "With unfaltering faith, all things are possible." The unwavering faith of this man-physician, idealist, philanthropist, gave the community a great metropolitan hospital, a progressive medical school, the Hospital for the Insane at Westborough, a host of lesser achievements, and the memory of a noble man which passing years cannot dim.

The officers of the Boston District Homœopathic Society are Dr. Benj. T. Loring, pres.; Dr. Wesley T. Lee and Dr. Susan M. Coffin, vice-presidents; Dr. Harold E. Diehl, secretary; Dr. David Belding, assistant secretary; Dr. Edwin W. Smith, treasurer; Dr. George D. Bliss, auditor; Dr. Frederick W. Col-

burn, Dr. E. S. Calderwood and Dr. Thomas E. Chandler, censors.

Dr. Mattibelle Boger has been appointed resident physician at the Talitha Cumi Hospital.

Michigan. The West Michigan Society elected the following officers at their annual business meeting in December: C. J. Durham, Muskegon, pres.; David B. Hagerman, Grand Rapids; sec.-treas.; G. G. Towsley, A. E. Henwood, and George P. Winchell, vice-presidents. Drs. Kinyon, Myers and Beebe were guests from the University at Ann Arbor, and presented papers.

New York. At the recent meeting of the board of managers of the State Homœopathic Hospital at Middletown, it was decided to invite to the board meetings the district State Senator and near-by Assemblymen, that they may be well informed on matters of interest to the hospital. Charles L. Mead, retiring member of the board, has been elected to the State Legislature. William H. Rogers, John C. R. Taylor and Allen W. Corwin are other Middletown members of the board.

The Homœopathic Hospital of Buffalo had a Christmas program under the direction of Mrs. Henry Boswell.

The proposed health insurance bill would make insurance compulsory upon all workers earning not more than one hundred dollars a month. Such insurance would insure care during illness up to a certain maximum. A similar bill is projected for other states. It is up to the medical and legal profession and the social workers to see to it that the expense of such insurance is placed equally upon the worker, the employer and the community.

The following appointments have been made on the staff of the Cumberland Hospital in Brooklyn: Dr. Mary L. Lines in surgery, Dr. Cornelia C. Brant in electrotherapeutics, Dr. Mabel Sisson in obstetrics.

Dr. F. H. Lutze of Brooklyn, N. Y., expert in repertory work and author of "Therapeutics of Facial and Sciatic Neuralgia," and "Repertory of the Symptoms of Diseases of the Respiratory Organs," is suffering from loss of vision. The Doctor keeps up his interest in medical studies.

Dr. Harry E. Koons of Danville, Virginia, is in New York City doing post-graduate work in O. O. & L., after which he expects to make Indiana his permanent home.

Dr. J. W. Hassler reserves one day a week in his New York City office; otherwise he is on duty at his Sanitarium in Belmar, N. J. Dr. Hassler is President of the Sanitarium Company and Dr. Margaret H. Schantz is Treasurer.

Dr. John T. Greenleaf announces change of residence to Endicott, New York, 54 Washington St. The Doctor is in active practice, maintaining evening office hours, as well as one to three in the afternoon.

Ohio. Dr. A. Richard Kent of New York City succeeds to the practice of Dr. Robert B. House, Springfield, Ohio.

Dr. Alice Butler and other medical women of Cleveland entertained Dr. Abbie Hinkle, of Evanston, Illinois, at luncheon during the Christmas holiday season.

Dr. Hudson D. Bishop presented an obstetric paper at the January meeting of the Cleveland City Society, and Dr. C. L. Moore led a discussion on Autotherapy.

Oklahoma. Dr. A. Jerome Robbins, formerly of Jamestown, N. Y., and later of Mena, Ark., announces removal to Cameron, Oklahoma.

Pennsylvania. By a recent act of the Legislature, moneys may be appropriated to hospitals because of their charitable work. In accord with this act, the Homœopathic Hospital at Reading has received two monthly appropriations, $175.00 each. If the incoming commissioners and county comptrollers carry out the enactment, the hospitals of the state will receive a welcome impetus in their benevolent work. The other two hospitals in Reading which made application for appropriation were the St. Joseph's and the Reading, which received respectively $325.00 and $285.00. In each case the appropriation made was in proportion to the charitable work done as vouched for in the monthly record.

Dr. Klopp and Dr. Hoffman at the State Homœopathic Hospital at Allentown, arranged an elaborate Christmas program for their wards. Friends and relatives of the patients responded generously. The products of the industrial department were an important factor as gift material. Christmas stockings, a Christmas dinner, a tree with electric illumination and a musical program made the day one of the few red-letter day to these wards of the state.

The H. K. Mulford Company of Philadelphia announces a department of Sanitation and Epidemiology, under the executive management of Thomas W. Jackson, M. D., expert in preventive medicine, the study and control of epidemic diseases. This is not competitive with any existing public health department, but will coöperate with all public health organizations. The work will be developed along the line of service and education.

Dr. J. E. James was host to the Society for Clinical Research at its January meeting.

Dr. A. D. Krewson entertained the Society of the 23rd Ward, and presented a paper on "Gastritis," which called forth a brisk discussion.

Dr. E. M. Howard of Camden, N. J., presented a scholarly paper on "The Value of Materia Medica" before the society of Chester, Delaware and Montgomery Counties. Clinical cases were also presented and luncheon was served.

Dr. Clarence Bartlett was the guest of the Reading society recently, presenting a valuable paper on "Diabetes."

The new officers of the Blair County Society are Daniel Bohn, Altoona, pres.; W. J. Sharbaugh, vice-pres.; J. W. Stitzel, Hollidaysburg, secretary; D. M. Roudabush, treas.

The recent death of Mrs. Therese Hering, widow of Dr. Constantine Hering, removes another of the personal reminders of that great man. Mrs. Hering was 94 years old, a lovely old lady, simple in her tastes, kindly and charitable.

CHANGE OF ADDRESS

From membership list in JOURNAL, December, 1915.

	Moved to
Blackburn, Wm. J.	611 Reibold Bldg., Dayton, Ohio.
Boger, Mattibelle	215 Forest Hills St., Jamaica Plain, Mass.
Bunte, Louis E.	3514 Lucas Ave., St. Louis, Mo.
Clark, Cecil W.	341 Water St., Augusta, Maine.
Clarke, Wm. B.	Gen. Del., Ft. Wayne, Ind.
Cloud, Charles H.	14 N. 60th St., Philadelphia, Pa.
Cooper, Wm. H.	701 Allegheny Ave., Oakmont, Pa.
Farber, Charles K.	277 Central Ave., St. Petersburg, Fla.
Greenleaf, John T.	54 Washington Ave., Endicott, New York.
Hatfield, Walter S.	22 W. 7th Ave., Cincinnati, Ohio.
Johnson, Charles E.	Tisch Mills, Wisc.
Koch, Margaret.	819 Masonic Temple, Minneapolis, Minn.
Lanchner, Samuel H.	857 Beck St., Bronx, N. Y.
Leavitt, Herbert A.	Deerfield, Fla.
MacLean, Malcolm B.	375 West End Ave., New York, N. Y.
MacMullen, Frank B.	1429 David Whitney Bldg., Detroit, Mich.
Mentzer, Clayton A.	Sabillasville, Md.
Nedden, Frederick Z.	307 Grand Ave., Milwaukee, Wisc.
Palmer, Isaac N.	1239 Garfield Ave., Portland, Ore.
Robbins, A. Jerome.	Cameron, Okla.
Schroeder, Ferdinand.	Gen. Del., Eagle Pass, Tex.
Shaw, John J.	12 Brewster St., Plymouth, Mass.
Sherman, Nancy B.	U. S. Forest Service, Atlantic Bldg., Washington, D. C.
Todd, Helen B.	240 E. Main St., Meriden, Conn.
Van Hyning, Homer B.	Otsego, Mich.

EXHIBITS AT BALTIMORE

Dr. Sawyer, Chairman of the Finance Committee, is preparing the diagram for exhibits. Approximately 25 spaces, from $50 to $80 each, will be available. Full details in the March JOURNAL.

OBITUARY

What has it all been for? For the knowledge that makes life richer; for the friendship that makes life sweeter; for the training that brings power.

Robert Bruce House, 1846-1915. Springfield, Ohio. The friends of Dr. House who saw him at the 1915 session of the Institute will be shocked to hear of his death. Death came suddenly following acute indigestion. Dr. House was born in Perryville, N. Y., was graduated in medicine from the Cleveland College and practiced for a time in Tecumseh, Michigan, where he married Jane Boyd in 1884. Three years later, declining a call to the Materia Medica Department of the University of Michigan, he went to Springfield, Ohio, to take the practice of Dr. Edgar V. Van Norman, a classmate in the medical college. Dr. House has been a member of the Institute since 1875.

Dr. House was prominent in the affairs of the Methodist church, the St. Andrew Masonic Lodge, the Knights Templar, the Young Men's Christian Association, and had been associated with all civic interests. His immediate relatives are his wife, his son, Dr. Wallace B. House of New York City, and a sister, Mrs. Eugene Clark of Brooklyn.

W. B. H.

Gertrude Gooding, Bristol, R. I. A member of the Institute since 1890. Dr. Gooding was born in Bristol 60 years ago, the daughter of the late Mr. and Mrs. Josephus Gooding. She was a member of St. Michael's Church. A graduate of the Bristol high school, class of 1873, she pursued her studies later at Mount Holyoke College, graduating from there, and later, was graduated from the Boston University Medical School of Boston. She practiced in Philadelphia and Newport, and later, or, in the 90s, came to Bristol and enjoyed a lucrative practice for a number of years, until ill health 15 years ago compelled her to retire. Dr. Gooding died suddenly at her home, January 2, from angina pectoris.

A descendant in direct line from Governor Bradford of Plymouth colony, Dr. Gooding was greatly interested in the early history of the nation and of the colonies. She was a member of the Society of Mayflower Descendants, the Rhode Island Historical Society, the Rhode Island Homœopathic Society and had strong literary tastes. She excelled in genealogical research.

Dr. Gooding was much interested in the Labrador missions of Dr. Grenfell and held membership in the New England Grenfell Association, and was President of the American Labrador Needlework Guild, Bristol section. *G. B. P.*

T. R. Allen, Ionia, Mich. Died December 4, 1915. Dr. Allen was one of the pioneer practitioners in Michigan, having been in practice forty-four years. He was a member of the Society of Western Michigan.

D. B. H.

Cora E. Taylor, 1855-1915. Dr. Taylor has been a staunch homœopathic physician in active general practice in Chicago for thirty-five years. She died at her home in 6352 Stewart Ave., Dec. 22, 1915.

Leora Johnson, Iowa City, Iowa, December, 1915. Dr. Johnson was one of the most active of workers in civic interests. She received her medical degree from the State University in 1890 and kept up active medical practice until recently. During the past year Dr. Johnson was appointed humane officer and policewoman for Iowa City. Independent means, leisure and willingness to serve her home community, made her a valuable citizen. Her medical training gave her special opportunity of bringing relief to the needy. *E. W. R.*

SOCIETY PROGRAMS

Clinico-Pathologic of Philadelphia. Reported by Dr. Ralph Bernstein.

Keratitis Neuroparalytica (Patient).....Dr. F. O. Nagle
Calcification of the Tube and Ovary (Specimen).....Dr. N. S. Betts
Carcinoma of the Tongue, Inferior Maxilla, and Sublingual Lymphatics.....Dr. D. Roman
Gastric Ulcer with Perforation.....Dr. J. D. Elliott
Aortic Aneurism (Patient).....Dr. C. D. Saul
India Ink Method of Demonstrating the Spirochete of Syphilis (Specimen).....Dr. J. C. Wurtz
Blood Transfusion in Pernicious Anemia.....Dr. S. W. Sappington
Ectopic Gestation (Specimen).....Dr. F. J. Fresch
Auricular Fibrillation (Patient).....Dr. W. Rendell Williams

BOOK REVIEWS

Therapeutics of the Respiratory System. Cough and Coryza, Acute and Chronic. Repertory with Index. Materia Medica with Index. By M. W. Van Denburg, A. M., M. D. "Similars can be cured by similars." Proof: An intelligent application of the drug-symptoms in this book, 782 pages. Cloth. $5.00 *net.* Philadelphia: Boericke & Tafel, 1916.

This is a careful compilation of all the material at hand as an aid in the treatment of respiratory diseases. The materia medica is based upon Hering's Guiding Symptoms, the ten volumes of which have been reviewed conscientiously in order to set forth in more compact form the prominent and peculiar symptoms.

The author wisely comments: "One must learn what he can do with his tools by using them,—with only this proviso, he should be reasonably sure they are good tools."

The remedies tested upon the healthy human body and truthfully recorded are good tools, as attested by our hospital

mortality reports and by the civic record of homœopathic physicians in their own communities.

The alphabetical order is followed in repertory and materia medica, thereby increasing to the maximum the advantages of the book for quick reference. The author thus concludes his presentation to the medical profession: "A drug well proved and well understood is always legal tender in the treatment of the sick." *S. M. H.*

A Manual of Pathology. By Guthrie McConnell, M. D., Formerly Professor of Pathology and Bacteriology, Temple University, Medical Dept., Philadelphia. Third Revised Edition. 12mo volume of 585 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, $2.50 *net.*

The purpose of this manual is to present the "salient points" in pathology for student or practitioner. Like most manuals, the subject matter is so vast that an attempt to produce a small volume makes it a book of duty, rather than a work of absorbing interest, such as the volume most often quoted, that of Adami and McCrae. Fifty of the six hundred pages are given over to post mortem examination and laboratory technic, which enhances its value for the student with limited time. The typographical make-up is excellent. Italics and boldface type are used discriminately to help the reader swiftly to seize the gist of a paragraph. The illustrations are numerous and well executed. *S. M. H.*

The Rockefeller Foundation. Annual Report. 1913-1914. Second Edition. The Rockefeller Foundation, 61 Broadway, New York.

The Rockefeller Foundation was chartered by the state of New York, May 14, 1913. One week later the organization came into possession of securities amounting in par value to $3,200,000 for its purposes. During the succeeding year this was augmented to $100,000,000. The activities of the organization began almost with its authorization by law, being principally the advancement of public health through medical research and education, including the administration of known methods of treating and preventing diseases.

The international health commission was formed and devoted its first efforts towards the eradication of hookworm disease, principally as found in tropical countries. This work is still in progress. The commission has taken up also the study of mental hygiene and the investigation of industrial relations.

War relief has absorbed nearly $1,000,000 of money, principally in sending food supplies to Belgium during the closing months of 1914. Medical work in China is another field of its activities, as is also an effort to promote the coöperation of missions.

The Foundation is certainly doing a work of which the

originator may well be proud and which should appeal to the American people. *J. R. H.*

Colon Hygiene. Comprising new and important facts concerning the physiology of the colon and an account of practical and successful methods of combating intestinal inactivity and toxemia. J. H. Kellogg, M. D., LL. D., Superintendent of the Battle Creek Sanitarium; Author of "Neurasthenia, Its Causes and Cure," "Rational Hydrotherapy," "The Art of Massage," "Light Therapeutics." etc. Battle Creek, Michigan. Good Health Publishing Co., 1915.

Dr. Kellogg argues for the necessity of the colon in the human organism, although in so doing he runs counter to the opinions of great men beginning with Barclay Smith and ending with Lane. We must account him the winner in the contest.

The colon is necessary, is useful, and, properly treated by its owner, will respond in kind. The book is interesting, instructive and convincing. Its character is indicated by its title; its contents are such as one would expect might emanate from such an expert hygienist and dietitian as the author. A study of these contents and an obedience to their precepts would mean the elimination from man, and woman, too, of very much of the stress and unhappiness, both physical and mental, which accompany constipation.

By all means get the book and read for yourself how to get back into the paths of health. *J. R. H.*

Elementary Dermatology—An Epitome of the More Common Skin Diseases for Students and Practitioners. Alphabetically arranged by Ralph Bernstein, M. D., Philadelphia, Pa., Clinical Professor of Dermatology, Hahnemann Medical College, Philadelphia; Clinical Chief, Skin Section, Hahnemann Hospital Dispensary, Philadelphia; Consulting Dermatologist to Hahnemann Hospital; to Women's Southern Homœopathic Hospital; to House of Detention for Juveniles; to Home for Infants, Philadelphia; Consulting Dermatologist to Chester Co. Homœopathic Hospital, West Chester, Pa.; to J. Lewis Crozier Hospital and Home for Incurables, Chester, Pa.; Dermatologist to the West Philadelphia General Homœopathic Hospital and Dispensary, etc. Fully illustrated. Boericke & Runyon, New York and Philadelphia.

The cordial reception given the first edition of Dr. Bernstein's book has demanded a second edition. It is written primarily for the student, and conforms in presentation with the course of instruction given by the author at Hahnemann College in Philadelphia. Its compact form, good illustrations and the author's large clinical opportunity, together with the therapeutic suggestions, have made it a popular book with the homœopathic practitioner. The typographical errors which escaped the eye of the proofreader will doubtless be corrected in a subsequent edition. *S. M. H.*

American Illustrated Medical Dictionary (Dorland). A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Veterinary Science, Nursing, Biology, and kindred branches; with new and elaborate tables. Eighth Revised Edition. Edited by W. A. Newman Dorland, M. D. Large octavo of 1135 pages, with 331 illustrations, 119 in colors. Containing over 1,500 more terms than the previous edition. Philadelphia and London: W. B. Saunders Company, 1915. Flexible leather, $4.50 net; thumb index, $5.00 net. W. B. Saunders Company, Philadelphia and London.

It is a joy to take up a book of such fine workmanship. It has over a thousand pages, and yet is not bulky. With fine flexible covers, and good binding, it lies flat open as the pages are turned. The type is clear and made emphatic by the judicious use of bold face type for distinctive words and phrases. It is more than a word-book. It is a handbook of clear definitions with many pages of illustrations which verify the text, and valuable tables which invite investigation. Since the previous edition, there has been a careful revision and new plates made, hence the clarity of type and the general perfection of make-up.

The elucidation of pronunciation is clear and the spelling is simplified in accord with the decision of scholars and scientific decree. Among the few diphthongs remaining that in "præcox" persists, although we unhesitatingly write "precordium," "precranial," "predisposing" and "precocious." "Cratægus" holds its diphthong, although we willingly surrender the same in "anesthesia." But scarcely even a standard dictionary will avail to persuade the medical student to put a second "u" in "pruritus," so punctilious is he in "itis." Altogether, the dictionary is a book destined to be a constant companion, and each new edition will be eagerly welcomed. *S. M. H.*

Bloodletting. Heinrich Stern, M. D., LL. D., Visiting Physician to St. Mark's Hospital, etc. Rebman Co., New York, pp. 264, $2.50.

The preface announces that "the renaissance of bloodletting for therapeutic purposes is due merely to a better understanding of the functional changes following the operation"; further, the author claims that this "oldest of man's remedies will regain its full citizenship in the realm of therapeutics." And therefore he sets forth "in systematic manner the important progress of bloodletting, especially in its more recent experimental and clinical investigation." That bloodletting may sometimes be a justifiable surgical procedure, there can be no question; so is the amputation of a leg and the emptying of the uterus. But conservative surgery is intent on diminishing the frequency of such operations. That bloodletting will become a common therapeutic measure is hardly in accord with the progressive refinements of medical practice. *S. M. H.*

The Babies' Dairy. New York City. Annual Report, 1915.

This is the enterprise in pediatrics of which the Institute members heard the first report from the Physician-in-Chief, Dr. Reuel Benson, at the Institute session at Narragansett Pier. It is a record of a part of the work which has contributed to make Dr. Benson's "Nursery Manual" so useful to mothers.

Founded in 1908, incorporated in 1911, situated in the most crowded section of New York City, this welfare center has had a death rate among its baby patients of less than 4 per cent. This is an economic triumph worthy an annual record from the executive board. The work of the original Dairy, at 416 E. 65th St., has been enlarged by two others, 523 E. 78th St. and 511 W. 41st St. They are open daily from 9 to 12 and visitors are welcome. Quoting from the Report:

> The cost of conducting a Dairy is about $1,200 a year, and in each from forty to fifty babies a day, after careful examination by the physician, can be supplied with proper food, which is prepared by the nurse in charge. The feedings necessary for a period of twenty-four hours are placed in separate bottles, packed in ice and enclosed in refrigerator boxes especially constructed for the purpose. The success of the Dairies is largely due to this special care in preparation and distribution. Home visiting by the Dairy nurses, and careful instruction as to the care and feeding of babies, form an important part of the work.

The Dairies are health centers rather than milk stations. The plan is to do intensive work,—maintain a small establishment kept up to a high standard of excellence, as a model of good work, rather than to attempt to serve an unwieldy number. This standard is proper home care of infants, including food individually prepared. Each baby is visited at the home within twenty-four hours after being prescribed for at the Dairy, to ensure intelligent carrying-out of the hygienic routine. This is followed up with systematic reporting at the Dairy. Mrs. Adrian Joline is president; Mrs. Oren Root is chairman of the executive committee; Miss Clara S. Marsh, secretary and treasurer. The budget for the year gives a total of $8,273.55. Dr. Benson and Dr. Kahrs are doing admirable work in social medicine. *S. M. H.*

Obstetrical Quiz. By Hilda Elizabeth Carlson. Rebman Co., New York. 316 pp., $1.50.

A convenient handbook on all duties relative to the lying-in room, for the undergraduate and the graduate nurse.

The Social Service League Dispensary Homœopathic Charitable Dispensary. Bombay, India. Biennial Report. 1913-1915.

The object of this social service is to aid the desperately poor and to extend the knowledge of homœopathic therapeutics, until it is possible to establish a medical school in Bombay.

EDUCATIONAL REPORT
of the
COUNCIL ON MEDICAL EDUCATION
of the
AMERICAN INSTITUTE OF HOMŒOPATHY
For the Years 1914-1915.

INTRODUCTION

The following comprises the report of the Council on Medical Education of the American Institute of Homœopathy upon the Medical Schools under its jurisdiction.

It is based upon actual inspection and investigation made by members of the Council in company with representatives of State Boards and organizations of our School of Medicine.

No attempt has been made arbitrarily to classify our schools into A. B. C., realizing that even were such classification desirable there would still be differences enough in each class to warrant a further subdivision.

Each and every one of the schools presented in this report is giving a thorough and comprehensive course of general Medical Education equal to that given by any medical school in the land and is adding to this general medical education a knowledge of treating and curing the sick on scientific or homœopathic principles, and by this addition is giving heed to the dictum of the famous founder of Homœopathy, Samuel Hahnemann, who said:

"Where health is concerned ignorance is a crime."

COUNCIL ON MEDICAL EDUCATION.

Boston University School of Medicine, Boston, Mass.

HISTORY:

There existed in New England an institution known as the New England Female Medical College of Boston. This was organized in 1848 and continued to 1874, when it was merged into the Boston University School of Medicine, which was established in 1873.

1. UNIVERSITY AFFILIATION:

It is the Medical Department of Boston University.

2. ENTRANCE REQUIREMENTS:

The entrance requirements are such as are approved by the Examining Committee of the University and since 1914 the requirements for admission have been one year of attendance,

or its equivalent, at a college or technical school including in its curriculum English, German or French, Mathematics, Chemistry, Physics and Biology. In 1916, two college years will be required for admission.

The entrance qualifications are determined by the Executive Committee of the School and Faculty of College of Liberal Arts, Boston University.

3. ATTENDANCE:

The total number of students in attendance at the session of 1914-1915 was as follows:

Seniors	21
Juniors	19
Sophomores	31
Freshmen	15
Special	10
Total	96

The number graduating at the last Commencement was 21.

4. TEACHING STAFF:

The teaching staff is composed of 31 Professors, 39 Assistants, Instructors, etc.

There are six full-time salaried men in this college; two in the Pathological Department, one in the Physiological Department, one in the Chemical Department and two in the Anatomical Department.

5. SOURCES OF INCOME:

The sources of income are from endowment funds of $170,000 and from students' fees.

6. BUILDINGS:

The College Building is located on East Concord Street in the city of Boston. The medical campus also contains the Massachusetts Homœopathic Hospital and the Evans Memorial for Clinical Research and Preventive Medicine. The value of the school property is $200,000 with an equipment valued at $25,000.

7. LECTURE ROOMS AND LABORATORIES:

The college building contains spacious lecture rooms and amphitheatres and three lecture halls, and amphitheatres have been specially provided for clinical demonstrations and general instruction in the Main Hospital, the Out-patient Department and the Evans Memorial.

The school is particularly fortunate in the possession of a four-storied laboratory building of fireproof construction which contains large and exceptionally well-lighted laboratories for Chemistry, Physiology, Histology and Bacteriological Technic and Pathology, besides housing the Library and Museum. Dur

ing the summer of 1915 two laboratories were thoroughly remodeled and equipped for Chemistry and for Histology and Bacteriology at an expense of between five and six thousand dollars.

8. GENERAL EQUIPMENT:

The general laboratory equipment is modern, complete and excellent. No better laboratories in any school of medicine exist than those of the Boston University School of Medicine. It has one of the finest museums in Pathology existing in the country, and the Anatomical Museum is a close second.

Each department has a full supply of charts, models, stereopticons, slides, etc. The X-Ray and Electrical Department is in connection with the Hospital and is used for clinical demonstration and teaching purposes.

9. LIBRARY:

The college library contains about 6,000 volumes in charge of a special librarian. It is well catalogued, and connected therewith is a reading room available for the students.

10. CLINICAL FACILITIES:

The Massachusetts Homœopathic Hospital, having 400 beds, being one of the largest general hospitals under homœopathic management in the world, is affiliated with the school. Its new Maternity, completed in 1915, affords facilities for the treatment of about 1,200 cases annually. Besides this, there is an affiliation with the Haynes Memorial Hospital for Contagious Diseases, and the Westborough Insane Hospital.

The Out-patient Department or dispensary connected with the Hospital is one of the best in the United States. Herein are treated annually seventeen to eighteen thousand cases. Over fifty thousand prescriptions and domicilary visits are made annually. The number of maternity cases annually is about 800.

A capacious nurses' home is in connection with the institution.

11. LENGTH OF COURSES AND REQUIREMENTS OF ATTENDANCE:

A four years' course is required and there is a five years' optional course. The number of hours required for graduation is 3,700, on which attendance is required. Absences allowed only if satisfactorily explained.

12. SPECIAL HOMŒOPATHIC WORK:

The Evans Memorial for Clinical Research and Preventive Medicine is located on the campus and is available for instruction of the students of the Medical School. The laboratories herein are equipped for Pathology, Physiology, Chemistry, Pharmacy and Neurology.

The work done in this institution is excellent, although the trend of research seems to be rather general than specially homœopathic.

13. INSPECTION:

The institution was visited by two members of the Council in August, 1915.

New York Homœopathic Medical College and Flower Hospital, New York City, N. Y.

HISTORY:

This institution was incorporated in 1860 under the name of The Homœopathic Medical College of New York. In 1869 the name was changed to The New York Homœopathic Medical College. It continued under this name until 1908, when the words, "and Flower Hospital," were added.

1. UNIVERSITY AFFILIATION:

None. The University of the State of New York, which is the State Department of Public Education, and not a University in the ordinary sense, includes this institution in its list.

2. ENTRANCE REQUIREMENTS:

The medical student's certificate of the New York Board of Regents representing a four-year high-school education or its full equivalent, including Chemistry, Physics and Biology, and in addition, one year of college work in the basic sciences.

3. ATTENDANCE:

The total number of students in attendance at the session of 1914-15 was as follows:

Seniors	76
Juniors	62
Sophomores	51
Freshmen	53
Special	4
Total	246

The number graduating at the last Commencement was 70.

4. TEACHING STAFF:

The teaching staff is composed of 45 Professors, 27 Assistant Professors, 12 Lecturers, 8 Instructors, 2 Demonstrators, 16 Clinical Assistants.

There are ten paid teachers who devote their entire time to the work; two in the Bacteriological Department, two in the Pathological Department, one in the Physiological Department, two in the Anatomical Department, one in the Chemical De-

partment and two in the Diagnosis and Clinical Laboratory. Six of these are full professors, heads of departments.

5. SOURCES OF INCOME:

The sources of income are from the students' fees and an income from the endowment fund of $600,000.

6. BUILDINGS:

The buildings of the college corporation are located at 63rd Street and Eastern Boulevard, New York City, in connection with Flower Hospital. The value of the property exclusive of the Hospital is accounted at $250,000 with an equipment valued at $75,835. The college building itself is six stories high and is fully adapted to the needs of the school. Other buildings are in the process of erection, which will greatly enlarge the plant.

7. LECTURE ROOMS AND LABORATORIES:

There are four lecture rooms varying in seating capacity from 75 to 450. There are separate laboratories, namely, the Anatomical, Histological, Embryological, Pathological, Bacteriological, Physiological, Chemical and Clinical, all of sufficient capacity for the needs of the institution.

8. GENERAL EQUIPMENT:

The laboratories have the latest modern equipment and organization. Full time men are in charge and the apparatus in each and all of them is of the most modern and up-to-date outfits. There is an ample museum of Pathological and Histological specimens, teaching accessories in abundance, such as reflectoscopes, X-Ray outfits, charts, models, etc.

9. LIBRARY:

The Library of the institution contains 12,000 volumes well shelved and classified. Large addition has been made this year. Fifty medical journals are regularly received.

10. CLINICAL FACILITIES:

These are composed, first, of Flower Hospital, in immediate connection with the college with 125 charity beds, and a maternity annex of 20 beds. This hospital maintains an ambulance service to which is assigned a large district of the city of New York. Just across the river on Blackwell's Island is the Metropolitan Hospital having 1,700 charity beds in which clinics are held daily. Adjoining the college is a large dispensary with abundant clinical material in which the students are required to do work.

11. LENGTH OF COURSES AND REQUIREMENTS OF ATTENDANCE:

A four years' actual attendance is required with thirty-two weeks of actual teaching work. About 1,300 hours are spent

each year, or a total of 5,200 hours in the course, attendance upon which not less than 80 per cent is obligatory.

12. SPECIAL HOMŒOPATHIC WORK:

Students are instructed in Homœopathy during each of the four years in college. One ward of the hospital is in charge of the chair of Homœopathy and is intended to offer to students an opportunity for homœopathic prescribing. It is intended in the immediate future to have all medical cases in the wards of the medical hospital adjoining placed under the supervision of the Chair of Materia Medica and Therapeutics:

13. INSPECTION:

The College and Hospital were inspected in December, 1915, by two members of the Council.

New York Medical College and Hospital for Women, New York City.

HISTORY:

This college was incorporated in 1863 under the name of the New York Medical College for Women. The hospital was added in 1869, when the name was changed to the present one.

1. UNIVERSITY AFFILIATION:

None. The University of the State of New York, which is the State Department of Public Education, includes this institution in its list.

2. ENTRANCE REQUIREMENTS:

Medical student's certificate from the Regents of the University of the State of New York and in 1916 one year of college work is required for admission.

3. ATTENDANCE:

The total number of students in attendance at the session of 1914-1915 was as follows:

Seniors	9
Juniors	12
Sophomores	12
Freshmen	6
Special	4
Total	43

The total number graduating at the last Commencement was 8.

4. TEACHING STAFF:

The teaching staff is composed of 28 Professors, 2 Associate Professors, 9 Adjunct Professors, 21 Lecturers and 8 Demon-

strators and Assistants. There are 8 full time salaried teachers in the College.

5. SOURCES OF INCOME:

The sources of income are from students' fees, donations, bequests, and small endowment.

6. BUILDINGS:

The college building and hospital is located at No. 17-19 West 101st Street in the City of New York. It is a stone building consisting of four stories and basement and is connected with the hospital of the institution. The value of the property is as follows: Buildings and grounds, $145,000; equipment including that of the hospital, $30,000. The college corporation owns the entire plant which comprises both the hospital and the college.

7. LECTURE ROOMS AND LABORATORIES:

There are three lecture rooms in the college building, with seating capacity of 30 for two of them and 20 for the other one. There are laboratories for Chemistry, Pathology, Histology, Bacteriology, and in the hospital building, which is a part of the school, are found the laboratories of Electro-Therapeutics, X-Ray, Surgical Technic, etc.

8. GENERAL EQUIPMENT:

The general equipment of all the laboratories is modern and complete and in quantity amply sufficient to meet the requirements of the institution.

The college possesses a small Museum and one that is used constantly for teaching purposes and during the past year some especially fine work has been shown therein and added thereto.

A collection of charts and models forms a part of the teaching facilities of the institution.

9. LIBRARY:

The college possesses a small library of well-selected books and it is accessible to students and used extensively by them.

10. CLINICAL FACILITIES:

Much importance is placed upon clinical instruction in the third and fourth years. Daily clinics in the College Hospital and clinics at the Metropolitan and Ophthalmic Hospitals afford ample opportunity for developing this important part of our teaching. In the senior year the class is divided into sections, members of each section serving as clinical clerks for ten weeks at a time on the service assigned them. Every morning is devoted to this work. Each student is assigned cases for which she is responsible for the history taking, diagnosis, labo-

ratory tests, and prescribing. Her reports are examined, criticized and verified by an instructor.

Bedside instruction will be given in the hospital by those members of the staff who are also members of the Faculty.

Arrangements have been made whereby members of the senior class may be in residence near the Hospital and be on call for all maternity cases.

The material in the Hospital will be utilized for obstetric clinics. Two students will be placed in charge of each case from the time of the patient's admission into the Hospital until the close of the puerperium.

Detailed notes of cases attended will be required of each student before graduation.

The Out-patient Department is in charge of a paid intern, who daily takes senior students to cases at which they are taught to take entire charge of the cases, keeping records, and prescribing under direction of instructor.

11. LENGTH OF COURSES AND REQUIREMENTS OF ATTENDANCE:

Four years of 30 weeks each are required. The attendance is said to be in the neighborhood of 4,800 hours equally divided among the four years. This more than meets the requirements of the New York State Board of Regents, which has as its minimum 850 hours in each year.

12. SPECIAL HOMŒOPATHIC WORK:

Besides the excellent work done in the department of Materia Medica and Therapeutics which forms a part of the school, there is no report of any original research work done in the homœopathic field. The practical demonstration of homœopathy to students in hospital and dispensary is one of the features of the college.

13. INSPECTION:

This institution was visited on December 7th, 1915, by Drs. J. B. Garrison and W. A. Dewey, members of the Council on Medical Education.

Hahnemann Medical College and Hospital, Philadelphia, Pa.

HISTORY:

This is the oldest Homœopathic Medical College in the world. It was established in 1848 under the name of Homœopathic Medical College of Philadelphia. In 1869 the name became, under a charter, the Hahnemann Medical College of Philadelphia. It is now in its 68th year, the latest annual announcement being 1915-1916.

1. UNIVERSITY AFFILIATION:

None.

2. ENTRANCE REQUIREMENTS:

Students are admitted only when fulfilling the requirements which are laid down by the Bureau of Professional Education and Licensure of Pennsylvania. All credentials are examined previous to admittance by the State Examiner. Students from other States must comply with these rulings. The college gives an excellent premedical course.

3. ATTENDANCE:

The total number of students in attendance at the session of 1914-1915 was as follows:

Seniors	23
Juniors	18
Sophomores	34
Freshmen	10
Premedical	39
Special	6
Total	130

The number graduating at last Commencement was 22.

4. TEACHING STAFF:

The teaching staff comprises 40 Professors and 52 Assistant Instructors, etc. Seven of these are full time salaried men.

5. SOURCES OF INCOME:

The sources of income are from endowment funds of upwards of $325,000, from donations, and from students' fees.

6. BUILDINGS:

The college building is located on North Broad Street in the city of Philadelphia and is owned entirely by the college corporation. It is in intimate connection with the Hahnemann Hospital which adjoins. The value of the property is estimated at $2,200,000, with equipment, including the library, estimated at $113,390.

7. LECTURE ROOMS AND LABORATORIES:

The college building contains three spacious lecture rooms, two class rooms, laboratories for Pathology, Bacteriology, Chemistry, Histology and Embryology, and Materia Medica and Therapeutics. The hospital has a finely equipped Clinical Laboratory.

8. GENERAL EQUIPMENT:

The general equipment of these laboratories is modern, complete and excellent, not only for general teaching, but also

for research work. There is an excellent museum which is used in connection with teaching; in fact, the museum has long been to graduates and teachers an object of particular interest.

Each department has a full set of charts covering respective subjects; an abundant supply of plaster of Paris and papier-maché models; stereopticons are used for all subjects including clinical work. There are 500 slides or more covering the subjects of Anatomy. There is a complete outfit for microphotographic work, a complete line of X-Ray and other electrical apparatus.

9. LIBRARY:

The college library contains about 16,000 volumes and is of special historical interest, containing Dr. Hering's collection of writings of Paracelsus, and Dr. Thomas' collection of rare anatomical books. It is well arranged and accessible to students, who have the use of a large reading room connected therewith. Some 60 medical periodicals are taken and are accessible to students. Shelved in the different laboratories are reference books appertaining to the subjects taught.

10. CLINICAL FACILITIES:

The clinical facilities are as follows:

Hahnemann Hospital adjoining the college contains 235 charity beds, 65 private beds, 50 maternity beds. and 25 cribs.

Children's Homœopathic Hospital is affiliated with the college, as are also St. Luke's Homœopathic Hospital and the Philadelphia General Homœopathic Hospital. These afford instruction for a total of upwards of 260 beds.

The students also have the privileges of the Pennsylvania and Philadelphia General Hospitals, but the attendance on these is not required.

There is a large dispensary connected with the college. In fact, the hospital buildings are six in number, as follows:

General Hospital,
Clinical Hall,
Maternity and Gynecological Building,
Nurses' home,
Power House and help quarters.

11. LENGTH OF COURSES AND REQUIREMENTS OF ATTENDANCE:

Four years of 34 weeks each are required. The attendance is stated to be 4,156 hours of not less than 1,100 in any one year. The hours are divided into didactic work, 1,382; laboratory teaching, 1,952; amphitheatre clinics, 379; dispensary clinics, 943.

12. SPECIAL HOMŒOPATHIC WORK:

The Constantine Hering Research Laboratory of Materia Medica and Therapeutics is a part of the teaching equipment

of the college. Here original work is done in homœopathic Materia Medica. The practical demonstration of homœopathy to students in their fourth year is one of the features of the college and the trend of the teaching is to make, first, homœopathic physicians and to accompany that with all that is known in medicine.

13. INSPECTION:

This institution was visited in Dec., 1915, by the Secretary of the Council. The institution was represented by the Dean, Dr. W. A. Pearson.

Homœopathic Medical College, Ohio State University, Columbus, Ohio

HISTORY:

Established in 1849 as the Western College of Homœopathic Medicine, in 1857 its name was changed to the Western Homœopathic College and was under this name until 1870, when it was called the Cleveland Homœopathic Hospital College, which was a combination of the Western Homœopathic College and the Cleveland Homœopathic College for Women, which was established in 1868. In 1890 there was a division of the faculty and another institution was started called the Cleveland Medical College. The Cleveland Homœopathic Hospital College changed its name in 1893 to the Cleveland University of Medicine and Surgery. These two Colleges united in 1897 under the name of the Cleveland Homœopathic Medical College, under which name it existed until 1909.

Pulte Medical College of Cincinnati was established in 1872 and after thirty-eight years of honorable existence united with the Cleveland Homœopathic Medical College in 1909 under the name of the Cleveland-Pulte Medical College.

In 1914 this College became one of the Colleges of the Ohio State University and removed to the campus at Columbus, Ohio, under the name of the College of Homœopathic Medicine of the Ohio State University.

1. UNIVERSITY AFFILIATION:

For convenience of administration, the Ohio State University is divided into ten colleges, a graduate school and summer session. The College of Homœopathic Medicine is one of these colleges.

2. ENTRANCE REQUIREMENTS:

This college is open on equal terms to both sexes. Applicants for admission must be at least seventeen years of age, and must present to the Entrance Board two official certificates.

1st, an Ohio Medical certificate which has been secured from the Ohio Medical Board.

The requirements for this certificate are as follows:

A diploma from a reputable college granting the degree of B. A. and B. S. or equivalent degree.

A diploma from a legally constituted normal school, high school or seminary issued after four years of study.

A teacher's permanent or life certificate.

A student's certificate of examination for admission to the freshman class of a reputable Literary or Scientific College.

In the absence of the foregoing qualifications, the Entrance Examiner may examine the applicant in such branches as are required for graduation from a first grade high school of this state and to pass such examination shall be sufficient qualification.

If the entrance examiner finds that the preliminary education of the applicant is sufficient he shall, upon payment of a fee of three dollars to the Treasurer of the State Medical Board, issue to the applicant a certificate which shall be attested by the secretary of the State Medical Board.

Application or information regarding the securing of an Ohio Medical Student's certificate should be addressed to Entrance Examiner, The Ohio State Medical Board, Columbus, Ohio.

2nd. A certificate of high school and college work. The high school certificate should show that the student is a graduate of a high school of the first grade, and the certificate should cover fifteen units for entrance. The college certificate should show that the student has had one year (thirty semester hours) of preparation in either the College of Arts, Philosophy and Science of the Ohio State University or in an institution of acceptable rank. This certificate should include the following subjects:

I.	Chemistry	8 hours
II.	Modern Language	8 hours
III.	English	4 hours
IV.	Biology	8 hours
V.	Physics	4 hours

Note—If Physics has been taken in the high school, this requirement is waived.

On and after September, 1916, the requirements for admission to the College of Homœopathic Medicine will be increased to two years, or sixty hours of College work.

Conditional Entrance—Students presenting twenty-two hours of credit will be admitted conditionally, the remaining eight hours to be made up in the Summer Session before the beginning of the second year, provided such deficiency is not in the required chemistry. Students having thirty or more hours in an Arts College, but not having the required subjects

for entrance, may be entered conditionally with the provision that such required subjects be made up before the beginning of the second year, but no deficiency is permitted in chemistry.

3. ATTENDANCE:

The total number of students in attendance at the session of 1914-1915 was as follows:

Seniors	18
Juniors	6
Sophomores	6
Freshmen	14
Special	2
Total	46

The number graduating at the last Commencement was 18.

4. TEACHING STAFF:

The teaching force is made up of eleven Professors and fifteen Assistant Professors and Instructors, all of whom devote their entire time to medical work. The work of the first two years is done in part with students in other colleges of the University, but in every instance, in classes designed for medical students. The last two years are taught by men giving their whole time to didactic and clinical instruction.

5. SOURCES OF INCOME:

The sources of income are from students' fees, from State appropriation and endowment.

6. BUILDINGS:

The buildings of the College are located on the campus of the Ohio State University in the city of Columbus. The work of the first two years is cared for in the various buildings designated for the purpose. The offices of the College are in the new Horticultural and Forestry building and are especially fitted therefor. The lecture rooms for didactic work and the Materia Medica laboratories are in this building. The clinical laboratories are located in the Botany and Zoölogy building. The University Hospital is located on the campus in a building which has been thoroughly renovated for the purpose. The first unit of the new University Hospital will be completed and ready for occupancy by the beginning of the school year of 1916. The present Hospital accommodates forty patients and when the new hospital is completed there will be accommodations for ninety patients. The Free Dispensary is located on West Goodale street, apart from the campus in a community where such work can best be conducted.

7. LECTURE ROOMS AND LABORATORIES:

This College is adequately provided for, with commodious lecture rooms and laboratories designed for the special pur-

pose of teaching the subject at hand. Two important features in this connection are the Materia Medica laboratories and clinical laboratories. The first is designed to provide a laboratory method for the teaching of the foundation principles of Materia Medica. The second is given over to the practical demonstration of such laboratory methods in diagnosis as are of recognized value.

8. GENERAL EQUIPMENT:

The Materia Medica laboratories are thoroughly equipped for the study and preparation of the various drugs used. They are also equipped for physiological, pathological and bacteriological studies in connection with the work of therapeutics.

The Clinical laboratories are thoroughly furnished for work in clinical microscopy, including bacteriological tissue, and physiological chemistry work.

The Chemistry laboratories are in one of the largest buildings on the campus and are thoroughly prepared to care for that work.

The Bacteriological laboratories have every convenience required in that modern science.

The Anatomical and Pathological laboratories are in the Park street building, and since becoming acquired by the University, have been thoroughly renovated and brought up to date.

The X-Ray laboratory in the University Hospital with its fluoroscopic outfit and stereoscope is the finest that can be procured.

This College has the use of a reflectoscope and a microphotographic outfit of the University.

A generous appropriation has been made, the present year, for the purchase of charts and models.

9. LIBRARY:

The Library of this College is housed as a part of the general University library, in one of the most beautiful buildings on the campus. It consists of about 3,000 volumes. Each year a generous appropriation is made for new books.

10. CLINICAL FACILITIES:

The opportunity for clinical study in this College is secured in the University Hospital of 40 beds, used exclusively for clinical teaching. The advantage derived by this arrangement is of great value to the students. The Out-patient Department of the Hospital affords abundant material for student observation, over two thousand cases being the record during the first year. The State Institution for the Deaf and Dumb, with a capacity of about four hundred inmates, children between the ages of eight and eighteen, is under the medical direction of a member of the instructional

force. This affords ample opportunity for the observation of the diseases of children as well as special diseases. The Free Dispensary affords abundance of material for study, and is a valuable feature of the Obstetrical clinic of the College. This Dispensary is under the full control of this College.

11. LENGTH OF COURSES AND REQUIREMENTS OF ATTENDANCE:

The College course consists of four years, of nine months, and the hours of attendance are 5,496. Attendance upon 90 per cent of these hours is obligatory.

12. SPECIAL HOMŒOPATHIC WORK:

This College is endeavoring through its department of Materia Medica to conduct research work in the field of Materia Medica and Therapeutics. Last year, five hundred dollars was contributed by friends towards the equipment of the research laboratory and already several important provings have been conducted and published.

13. INSPECTION:

This College was inspected by the Secretary of the Council on Medical Education on December 2, 1915. Dean C. A. Burrett represented the school.

University of Michigan, Homœopathic Medical School, Ann Arbor, Michigan

HISTORY:

This institution was established in 1875; the latest annual announcement is the 41st.

1. UNIVERSITY AFFILIATION:

This school is an integral part of the University of Michigan. It was established by legislative enactment.

2. ENTRANCE REQUIREMENTS:

In order to be admitted to this school, the student must qualify before the State Board of Medical Examiners. In addition to approved high school credentials, the student is required to have two years of literary and scientific study in which Chemistry, General, Qualitative and Organic, and General Biology must form the chief part.

3. ATTENDANCE:

The total number of students in attendance at the session of 1914-1915 was as follows:

Seniors	24
Juniors	13
Sophomores	17

Freshmen	18
Special	7
Total	79

The total number graduating at the last Commencement was 30.

4. TEACHING STAFF:

The teaching staff is composed of 6 Professors, 1 Lecturer, 2 Instructors, 5 Assistants belonging to the Homœopathic School exclusively. The faculties of the Law, Medical, Literary and Pharmacy Schools and Colleges also form part of the teaching faculty of the institution. The teachers in the School are paid and devote their entire time to their work. The total number of University teachers giving instruction to the homœopathic students is 15 Professors and 6 Instructors, and many Assistants.

5. SOURCES OF INCOME:

The School is supported by State taxation and a special fund is provided by the Legislature.

6. BUILDINGS:

There are eight buildings devoted especially to the homœopathic school and are located upon what is termed the homœopathic extension of the University campus, being five acres immediately North East of the campus. These buildings are:

1. Administration and Record Building.
2. Main Hospital Building.
3 and 4. Nurses' Homes.
5. Maternity Hospital.
6. Clinical Laboratory.
7 and 8. Tuberculosis Shacks.

7. LECTURE ROOMS AND LABORATORIES:

The lecture rooms of the School are insufficient, forcing much of the work to be done in the Hospital and Nurses' Homes. There are separate laboratories for all the scientific branches housed in a splendid new general laboratory building. The special clinical and pathogenetic laboratories of the School are housed in the Clinical Laboratory and Administration buildings.

8. GENERAL EQUIPMENT:

All of the laboratories of the University of Michigan are well equipped with the latest and most modern apparatus. The men in charge are competent teachers. There are excellent museums in nearly all the departments. The school possesses its own projection lantern, reflectoscope, Roentgen ray outfit, a complete photographic outfit, a general electric outfit. There

is a supply of charts, models, etc., in the various teaching departments of the school.

9. LIBRARY:

The library of the Homœopathic Medical School of the University of Michigan is unquestionably the best Homœopathic Library in the United States. It numbers some 4,500 volumes and nearly 40 periodicals are taken. In addition to this, the students have access to the general medical library containing 30,000 volumes. Both of these are shelved in the General Library of the University, which contains a total of 350,000 volumes accessible to all students. In the various laboratories are shelved books pertaining to the different branches taught.

10. CLINICAL FACILITIES:

The Homœopathic Hospital is located on the Homœopathic quarter of the campus, five acres in extent, donated by the city for the purpose. This is a building containing one hundred beds and is devoted entirely to the clinical purposes of the School, no private patients being admitted. On the same grounds are two Tuberculosis Shacks accommodating three patients each. On the hospital grounds are also two buildings occupied as Nurses' homes. The Hospital is insufficient in size for the needs of the School. Its capacity has been overtaxed for many years. In connection with the new building promised the school by the Board of Regents a Hospital Annex is contemplated which will relieve the congested condition of the institution.

11. LENGTH OF COURSES AND REQUIREMENTS OF ADMITTANCE:

The school course consists of four years of nine months each. The minimum attendance must be 6,252 hours with not less than 1,000 hours in any one year. Attendance of not less that 80 per cent is obligatory.

12. SPECIAL HOMŒOPATHIC WORK:

In former years this School did excellent work in homœopathic pathogenesis. Owing to the crowded condition of the hospital, the laboratory originally intended for pathogenetic work has been largely given over to clinical hospital work. It is earnestly hoped and desired by the faculty that this condition shall be relieved upon completion of the new building. An instructor in pathogenetic research has been added to the teaching force and a laboratory for this work is being fitted up in the administration building.

13. INSPECTION:

The inspection of this institution was made recently by Dr. W. A. Dewey, Secretary of the Council on Medical Education. The School in this inspection was represented by the Dean.

Hahnemann Medical College and Hospital of Chicago, Chicago, Ill.

HISTORY:

This college was founded in 1855. In 1873 the name was changed to the Hahnemann Medical College and Hospital of Chicago; in 1905 the institution took over the Chicago Homœopathic Medical College, an institution founded in 1876, having been in existence 29 years.

There have been in Chicago in past times, the following homœopathic medical schools:

The German-American Homœopathic Medical College of Chicago, incorporated in 1891.

National Homœopathic Medical College, incorporated in 1891.

Dunham Medical College, and the

Hering Medical College, all of which have closed their doors and their support is now given to this institution.

1. UNIVERSITY AFFILIATION:

None.

2. ENTRANCE REQUIREMENTS:

The minimum entrance requirements are a high school diploma from an accredited school whose standard is determined by the University of Illinois and one year premedical scientific course.

The preliminary qualifications are passed upon by the Dean and Registrar of the college.

3. ATTENDANCE:

The total number of students in attendance at the session of 1914-15 was as follows:

Seniors	23
Juniors	20
Sophomores	33
Freshmen	9
Premedical	12
Special	2
Total	99

The number graduating at the last Commencement was 23.

4. TEACHING STAFF:

The teaching staff is composed of 37 Professors, 13 Associate Professors, 13 Adjunct Professors, 15 Lecturers and 15 Demonstrators, Assistants, etc. There are eleven men who are salaried and devote their time to college work.

5. SOURCES OF INCOME:

The sources of income are endowment funds of $571,561.00, Alumni Association, $4,000.00; personal contributions, $11,000.00. The endowment fund revenue is $19,764.00. Student fees, $15,177.50.

6. BUILDINGS:

The college building is located on Cottage Grove Ave., and is in intimate connection with the Hahnemann Hospital which adjoins. There is practically a group of 4 buildings, namely, the Hospital, the College, the College Annex and the Training School for Nurses. The value of the plant is estimated at $250,000.00.

7. LECTURE ROOMS AND LABORATORIES:

The college and college annex buildings contain 11 rooms for teaching purposes, varying in seating capacity from 35 to 350, and six dispensary clinic rooms seating from 10 to 20 students. There are separate laboratories for Pathology, Histology, Clinical Diagnosis, Experimental Pathology, Chemistry, Electro-Therapeutics and Anatomy.

8. GENERAL EQUIPMENT:

The equipment of the institution is valued at $27,000.00 and is modern, complete and excellent. There are several museums connected with the various departments of Pathology, Histology, Clinical, etc.

The teaching facilities in charts, models, stereopticons, photographic equipment, electrical apparatus, etc., are all excellent.

9. LIBRARY:

There is a library connected with the institution of about 2,400 volumes, containing several copies of all text-books used in the different departments.

10. CLINICAL FACILITIES:

The clinical facilities of the institution comprise Hahnemann Hospital, having 114 charity beds and 39 private beds; the Home for the Friendless, having 240 charity beds; the Foundling's Home, having 40 beds used for clinical maternity purposes.

There is an excellent dispensary connected with the institution which furnishes plentiful material for demonstration, there having been attendance of 14,594 patients last year.

11. LENGTH OF COURSES AND REQUIREMENTS OF ATTENDANCE:

Four years' attendance is required of thirty-three weeks in each year inclusive of examinations. There are devoted to college work during the first year, 1,124 hours; second year,

1,176 hours; third year, 1,076 hours; fourth year, 1,148 hours, or a total of 4,624 hours.

12. SPECIAL HOMŒOPATHIC WORK:

The Department of Materia Medica is conducting systematic, scientific research work in Homœopathic drug proving, on human and animal subjects.

All senior students practice medicine under the personal supervision of competent instructors, making all analyses, including urine, blood, sputum, stomach contents, feces, Wassermann, Widal, tubercular, etc., in a specially equipped diagnostic laboratory.

13. INSPECTION:

This institution was visited by the Chairman and other members of the Council in July, 1915.

College of Homœopathic Medicine of the State University of Iowa, Iowa City, Ia.

HISTORY:

Incorporated in 1876, lectures commencing in 1877.

1. UNIVERSITY AFFILIATION:

Established by legislative enactment in 1876 as an organic department of the Iowa State University and reaffirmed by an enactment in 1913.

2. ENTRANCE REQUIREMENTS:

A four years' high school education and in addition two years in an accredited college, which must include Biology, Chemistry and Physics. The preliminary qualifications are passed upon by the Registrar of the University.

3. ATTENDANCE:

The total number of students in attendance at the session of 1912-13 was as follows:

Seniors	3
Juniors	0
Sophomores	2
Freshmen	6
Special	0
Total	11

The number graduating in 1915 was 3.

4. TEACHING STAFF:

The teaching staff is composed of 9 Professors, 5 Assistant Professors, 4 Lecturers, and 11 Demonstrators and Assistants.

All are salaried men and for the most part devote their entire time to college work.

5. SOURCES OF INCOME:

The sources of income of this school are from a State Fund and from students.

6. BUILDINGS:

The College uses the various buildings of the University for its purposes. The valuation of the buildings is $750,000, with an equipment estimated at $20,000. The buildings are owned by the State.

7. LECTURE ROOMS AND LABORATORIES:

There are ten lecture rooms used by the school with seating capacity varying from 20 to 300. The laboratory facilities are excellent. The State of Iowa has been especially lavish in its equipment of these laboratories, and each student is supplied with equipment that can be used by him during his stay in the University.

8. GENERAL EQUIPMENT:

All departments are represented by excellent laboratories. The Department of Anatomy is especially well cared for. The apparatus used in the laboratories is new and up-to-date. Since the fire destroyed the entire medical building, eleven years ago, none of the apparatus is more ancient than that length of time.

An excellent museum is a part of the equipment and the supply of charts, models, stereopticon, photographic and static equipment and X-Ray apparatus, is modern and plentiful.

9. LIBRARY:

The general medical library of the University is available for the students and the special Homœopathic Department has some 2,000 volumes.

10. CLINICAL FACILITIES:

The clinical facilities are comprised of the University Homœopathic Hospital, which contains upwards of 50 beds, all used for purposes of instruction. The building contains 10 maternity beds used for clinical purposes. Attendance on all clinics is obligatory with Juniors and Seniors. An Out-patient Department is also connected with the Hospital.

11. LENGTH OF COURSES AND REQUIREMENTS OF ATTENDANCE:

Four years of thirty-six actual teaching weeks in each session is required in attendance. The number of hours required for the four years' course totals 5,068.

12. SPECIAL HOMŒOPATHIC WORK:

This College has been one that has done much original work in the proving of homœopathic remedies. A certain amount

of time is set aside in the curriculum for this work, and under the direction of the Professor of Materia Medica our homœopathic literature has been enriched with many valuable and complete provings.

13. INSPECTION:

This institution was inspected by the Chairman of the Council in company with a member of the State Examining Board in October, 1915.

Hahnemann Medical College of the Pacific, San Francisco, Cal.

HISTORY:

This College was established January 12, 1881, under the name of the Hahnemann Medical College of San Francisco. It began its course of lectures June 3, 1884. In 1891 the name was changed to the Hahnemann Hospital College of San Francisco in order to legally control hospital facilities. Again its name in 1902 was changed in order to obtain the right to maintain a Training School for nurses and grant diplomas for the same.

1. UNIVERSITY AFFILIATION:

On June 8, 1915, by resolution passed unanimously by the Board of Regents of the University of California, Hahnemann Medical College of the Pacific was amalgamated by the California State University upon the following plan:

1. Beginning in August, 1915, all students matriculating in Medicine must fulfill the requirements demanded by the University of California Medical School.

2. All students in the first two years will take all work in common, except in Materia Medica. In this subject 32 hours of so-called "regular" Materia Medica and 32 hours of Homœopathic Materia Medica will be given in the second semester of the second year. Students may elect either one of these courses and hours of instruction will be so arranged as to permit of election of both courses by all students who may so desire.

3. In the third and fourth years all students will take the same courses except in Materia Medica and Therapeutics and in Clinical Medicine. Elective courses in those subjects will be offered so that students may choose whether they will take the work under instructors of the so-called "Regular" or of the Homœopathic School. If possible, the schedule will be so arranged as to permit students to take the courses offered by both departments if they so desire.

4. Instruction in Homœopathy shall be in charge of two professors to be added to the Medical Faculty—a Professor of Homœopathic Materia Medica and a Professor of Applied Homœopathic Therapeutics—maintained and paid, until June 30, 1917, by the Hahnemann Medical College of the Pacific. The Professor of Applied Homœopathic Therapeutics will be in charge of the clinical work to be substituted for similar work in the Department of Medicine. He will consult with the Professor of Medicine in the University, who must ratify the standard of instruction in this branch as in all other divisions of the Department of Medicine.

5. General lectures in Homœopathic Materia Medica will be offered beginning in the second semester of the second year, January, 1916. Advanced work in Materia Medica will be inaugurated, August, 1916, if students are available.

6. The teaching in "Applied Homœopathic Therapeutics" will be offered beginning August, 1917.

7. Until amalgamation of the schools can be finally effected and until its present student body can be graduated, the Hahnemann Medical College shall proceed with its prescribed course of instruction during the next three years under the same conditions as now exist.

8. The didactic and clinical instruction of Hahnemann students during the transitional period shall be maintained and effected through the present homœopathic organization and shall be conducted at the present location of the College and shall be granted the same consideration as to hospital facilities at the San Francisco Hospital and Hahnemann Polyclinic, as exist at the present time.

9. The students of Hahnemann Medical College now in attendance in the Sophomore, Junior and Senior Classes, who shall be eligible and shall qualify for the degree, will receive the diploma of the Hahnemann College, but at the same time and place of graduation of University medical students.

10. During the transitional period of three years, the Hahnemann Medical College shall meet all the expenses incurred in educating the three classes now constituting the student body, and the receipts from student fees and other resources of the Hahnemann College shall be allowed by the University for said purpose of maintenance.

11. After July 1, 1917, the University shall meet the salary to be agreed upon in support of the Chairs of Homœopathic Materia Medica and Applied Therapeutics in the University of California Medical School as soon as such lecture courses are established and instruction proceeds.

12. As soon as practicable the clinics of Applied Homœopathy will be developed in conjunction with the Medical Clinic of the University. The Professor of Applied Homœopathic Therapeutics will be chief of such clinic, and will have at least

two clinic rooms at his disposal. As soon as this is effected the present Homœopathic Clinics will be discontinued.

13. The Hahnemann Hospital will be conducted under its present management and will not be taken over by the Regents of the University.

14. In event of a redistribution of clinical beds at the San Francisco Hospital because of the absorption of the Hahnemann College by the University, a number of beds in the ratio of one in five shall be set aside by the University of California Medical School for the teaching of Applied Homœopathy.

15. The real property of the Hahnemann Medical College of the Pacific shall be conveyed to the Regents of the University of California free of debt.

2. ENTRANCE REQUIREMENTS:

A diploma of graduation from a California High School or its equivalent, or a certificate from an examiner of a literary or scientific college or university approved by the California State Board of Medical Examiners. In addition to a diploma of a California High School or its equivalent, one year's work of college grade in Physics, Chemistry and Biology. Beginning August, 1915, Hahnemann College matriculates no freshmen students. Upper classmen complying with the above requirements are admitted upon presenting satisfactory credentials. No students admitted with prospective graduation later than May, 1918.

3. ATTENDANCE:

The total number of students in attendance during the session of 1914-1915:

Seniors	10
Juniors	11
Sophomores	16
Freshmen	8
Total	45

The number graduating at the last Commencement was 7.

4. TEACHING STAFF:

The teaching staff numbers 15 Professors, 27 Lecturers, Assistants, Demonstrators, etc. The College employs 3 full time paid Instructors.

5. SOURCES OF INCOME:

The sources of income are from students' fees and donations.

6. BUILDINGS:

The college building is a modern three-story building, situated in the city of San Francisco, and is owned by the

College corporation. The value of the property, including Laboratory Equipment and Library, is estimated to be $35,000.

7. LECTURE ROOMS AND LABORATORIES:

The college building contains 5 lecture rooms with a seating capacity of 450. Complete laboratories in Bacteriology, Physiology, Physiological Chemistry, General Chemistry and Anatomy are contained in the building.

8. GENERAL EQUIPMENT:

The general equipment of these laboratories is excellent, being replete with the most modern scientific apparatus.

There is a museum which covers well the fields of Pathology and Morbid Anatomy, and is of great advantage in the demonstration of these subjects. Each department is supplied with charts, models and such accessory outfits as belong to each individual chair.

9. LIBRARY:

The library is an excellent one containing about 4,000 books, which have recently been arranged and reclassified. Some 50 medical journals are found in the current medical literature department.

10. CLINICAL FACILITIES:

The Hahnemann Hospital, which is up-to-date in every particular, contains 90 beds, and is under the immediate control of the directors of the college. Herein is located the X-Ray and electrical and thermal apparatus, which is very complete. Beside this, students have access to the City and County Hospital of San Francisco, which has its Hahnemann division of 60 beds under control of members of the faculty and presided over by homœopathic interns. The Department of Health of the City and County of San Francisco, through its generous policy, furnishes opportunity for instruction in emergency cases. Beside this, students are admitted to the clinics of the Fabiola Hospital of Oakland, the McKinley Orphanage and the San Francisco Nursery for Homeless Children, all of which are under homœopathic control. Located in the college building is a large polyclinic of outdoor department which contributes greatly to the clinical facilities of the institution.

11. LENGTH OF COURSES AND REQUIREMENTS OF ATTENDANCE:

Four years of 32 weeks each is required. The total number of hours comprising the four years' course is 5,206, attendance upon eighty per cent of which is compulsory.

12. SPECIAL HOMŒOPATHIC WORK:

Beyond the teaching in the Materia Medica Department no special research work has been done in the College. However,

the trend of the institution is to make first homœopathic physicians and accompany that with all that is known in medicine.

13. INSPECTION:

During the summer of 1915 this institution was visited by the Chairman of the Council on Medical Education, in company with the Dean.

RECAPITULATION

College	Seniors	Juniors	Sophomores	Freshmen	Special	Premedical	Total	Graduating 1915
Boston University School of Medicine	21	19	31	15	10	..	96	21
New York Homœopathic Medical College and Flower Hospital	76	62	51	53	4	..	246	70
New York Medical College for Women	9	12	12	6	4	..	43	8
Hahnemann Medical College of Philadelphia	23	18	34	10	6	39	130	22
Homœopathic Medical College, Ohio State University, Columbus, Ohio	18	6	6	14	2	..	46	18
University of Michigan, Homœopathic Medical College	24	13	17	18	7	..	79	20
Hahnemann Medical College and Hospital of Chicago	23	20	33	9	2	12	99	23
College of Homœopathic Medicine of the State University of Iowa	3	..	2	6	..	..	11	3
Hahnemann Medical College of the Pacific, San Francisco, Cal	10	11	16	8	..	..	45	7
Kansas City Hahnemann Medical College*	4	10	5	10	..	..	29	4
Total number of students 1914-15	....	....	....	....	....	....	824	
Total number of graduates 1915	....	....	....	....	....	....	....	196

*Kansas City Hahnemann Medical College was discontinued June, 1915. Another institution is being organized in its place.

SURGICAL AND GYNECOLOGICAL SOCIETY

Reported by the Secretary, Scott Parsons

The sixteenth annual meeting of the Surgical and Gynecological Society, of the American Institute of Homœopathy was held at Hotel Sherman, Chicago, June 28th to July 3rd, 1915. The first session, Monday, June 28th, was called to order by the President, Dr. Claude A. Burrett.

Dr. Parsons read the minutes of the last meeting, and there being no corrections it was ordered that they stand approved.

The Secretary-Treasurer's report was then read and referred to the Auditing Committee, consisting of Drs. H. C. Aldrich and G. M. Cushing.

The President appointed a Board of Censors, consisting of Drs. O. S. Runnels, Walter G. Crump and E. P. Mills.

Dr. Burrett: I note by the constitution that the election of officers shall take place at each annual meeting by baliot, but I find on conferring with Dr. Parsons that it has been customary to appoint a nominating committee. This will probably need some action by the Society. What is your wish?

It was moved by Dr. McBurney, seconded by Dr. Lee, that a nominating committee be appointed. Motion carried.

The Chair appointed Drs. T. E. Costain, H. M. Beebe and A. C. Canfield to serve as a nominating committee.

Dr. Burrett: Are there reports from any committees to come before us at this time?

Dr. Parsons: There was a committee of five appointed to report in regard to qualifications for membership to the Surgical and Gynecological Society. Dr. Chislett is Chairman.

Dr. Burrett: Dr. Chislett would perhaps like to make some explanation regarding this report, for the reason that through a misunderstanding it appears in the program as a paper. Inasmuch, however, as it is a committee report, and involves action by the Society, it seems proper to place that report at this time.

Dr. Chislett read his report on "Medical Education."

Dr. Burrett: You have heard this most excellent report. What is your pleasure regarding it?

Dr. Costain: I move that it be made a special order of business for discussion at the next business session.

Seconded.

Dr. Lee: In order that we may approach the subject and deal with it properly, I would suggest that the Doctor's report be taken up seriatim at the meeting tomorrow. I offer that as an amendment.

Dr. Costain accepted the amendment.

Motion carried.

Dr. Burrett: I might say that the President of the Obstetrical Society told me recently that in his address this year, he proposed to suggest to that Society that they appoint a Committee to confer with the Surgical and Gynecological Society, with the thought in mind of

an amalgamation of these two Societies, but if Dr. Richards is not here to put the point we cannot very well consider it.

Dr. Burrett: I shall not take up your time with a lengthy address. I simply want to discuss one or two things of general interest to this Society.

(President's address published in the JOURNAL OF THE A. I. H., August, 1915, pp. 134-138. Dr. Burrett did not consider it necessary to have his address referred to a committee.)

Dr. Parsons: I would like to ask the Chairman to recur to a special order of business for a special reason. When the matter was brought up we could not get the man wanted. We have brought him in, and he has a message for the Surgical and Gynecological Society. I would ask to have the floor for Dr. R. Milton Richards, President of the Obstetrical Society.

Dr. Burrett: If there are no objections we will call upon Dr. Richards.

Dr. Richards: Mr. President, Members of the Surgical Society: It is unfortunate that sessions of the Obstetrical Society will not be held until after adjournment of this Society, because there is a matter that I am going to present in my short address that is of vital interest to both societies, and I trust it will not be deemed a breach of courtesy to my own Society if I quote briefly therefrom, in order to enlighten your Society as to the proposition. Noting the lack of advancement which the Obstetrical Society has evidenced in the past few years, and the progress of Obstetrics in general as a specialty, I have proposed the following: That Obstetrics and Gynecology being so closely related, it might be deemed advisable that they ask an amalgamation with the already existing active Surgical and Gynecological Society, on a basis of mutual advantage. Our Society has been recognized by the American College of Surgeons, and is represented on the Board of Governors, but in order to maintain this recognition we must have the standard admission for membership on a higher plane. To do this I feel that too few are making a specialty of obstetrics from whom we must build up our ranks. If an amalgamation is made with the Surgical and Gynecological Society, whereby the requirements will be raised to a higher level, the membership would be worth something, and the advantages manifestly greater than under the present method. I shall suggest that a committee of three be appointed from the Obstetrical Society, to confer with a like committee of three from the Surgical and Gynecological Society, to consider the advisability of union, with the advanced requirements for admission, such committee to report at a joint business session of the two societies to be held next year. These are simply suggestions which I bring to you for consideration.

Dr. Burrett: You have heard what Dr. Richards has had to say. What is your wish?

Dr. Cushing: I move that a committee of three be appointed to confer with a like committee from the Obstetrical Society, to report at a future meeting.

Dr. Costain: Seconded.

Dr. Burrett: You have heard the motion made and seconded. Are there any remarks?

Dr. Lee: Mr. Chairman, we are about to get into deep water. If we follow this plan all the way through why should we not coalesce with the Bureau of Physical Therapeutics? I notice that there are many papers in the Bureau of Physical Therapeutics which might properly be included here, quite as much as any papers presented to the Obstetrical Society. We once had these all in one Society. I think it was at Atlantic City some twenty years ago that we made the change. We are drifting back to the old plan again. I think we better be very careful and go slowly.

Dr. Burrett: Are you ready for the question? Those in favor of appointing a committee of three to confer with a like committee from the Obstetrical Society to consider the question of amalgamation, say "aye." Contrary, "no."

Motion is carried. The Chair will appoint the committee presently.

The next order of business is the report of the nominating committee.

Dr. Costain: The nominating committee presents the following names:

For President, Dr. E. W. Young, Seattle, Wash.

1st Vice-President: T. D. Buchanan, New York.

2nd Vice-President: J. W. Harris, Denver.

Secretary-Treasurer: Scott Parsons.

Dr. Burrett: You have heard the report of the nominating committee. What is your wish?

Dr. Miller: I move that the Secretary be instructed to cast the ballot of the Society for the nominees.

Dr. Lee: Seconded.

Motion carried. Nominees declared duly elected.

Tuesday, 2:30 p. m.

President Burrett called the meeting to order.

Dr. Burrett: In accordance with the motion of yesterday, that a committee of three be appointed to confer with a committee from the Obstetrical Society, I will appoint Drs. Crump, McBurney, and Humphrey.

We have as a special order of business at this time discussion of the report made by Dr. Chislett yesterday.

Dr. Roberts: It seems to me that this is a very important matter, and it would be better if we had a larger attendance for the discussion. If there is no objection I would like to make a motion that we listen to one or two papers, and then bring this matter up.

Seconded. Motion carried.

After the reading of Dr. Bailey's paper, the discussion of Dr. Chislett's report was taken up.

Dr. Parsons read the report of the committee of which Dr. Chislett was Chairman.

Dr. Chislett: Mr. Chairman: There seems to have been a little misconception as to the scope of my report, at least that personally which

should come before this Society. In the appointment of the committee to carry out the recommendations made in the President's address of last year, there were two distinct divisions: one recommending certain things to the Deans of our different Colleges through the College Alliance, the other regarding recommendations for admission to this Society. The educational part of this work was completed, with the sending of the report and recommendations to the College Alliance at its meeting in February, but it was included in the report to this Society yesterday simply for the purpose of placing on file the complete report of this committee's work. The matter containing the entrance requirements for admission to this Society was handed to the Secretary. I would like to state in relation to this, that there was much discussion as to the right thing to do. I doubt very much whether the members of the committee, if called upon to vote for the recommendations at the present time, would know whether it would be avisable to vote for them or not. There is no personality about them. They are simply presented for your action.

Dr. Burrett: I am sure that Dr. Chislett has presented the matter in such shape that we can do as we choose about the recommendations without offending any one, particularly the committee. I will ask the Secretary to read the report which Dr. Chislett has submitted.

(Dr. Chislett's report.)

Dr. Burrett: You have heard the report of the committee. What are your wishes? I believe motion was made and carried yesterday to the effect that this report be taken up seriatim.

The Secretary will read the first item.

For Membership in the Surgical and Gynecological Society:

(1) "The applicant must be a member in good standing in the American Institute of Homœopathy."

I move its adoption.

Dr. Foster: Seconded.

Motion carried.

(2) "The applicant must have the endorsement of three members of the Society in regard to his moral and legal standing in his community. It has also been suggested that he sign an agreement similar to that required by the American College of Surgeons."

Dr. Runnels: I would suggest that the agreement of the American College of Surgeons be read, so that we will know what it is.

Dr. Burrett: I believe the committee has made a distinct recommendation. The reference to the agreement of the American College of Surgeons is simply a suggestion. Dr. Parsons will re-read the recommendation.

Dr. Parsons read the 2d recommendation, without the suggestion.

Dr. Lee: I move its adoption.

Seconded.

Dr. Burrett: It has been moved and seconded that this second recommendation be adopted. Are there any remarks?

Dr. Roberts: The recommendation strikes me as being perfectly proper. However, it is a rather loose method to allow a man living in New York, say, have vouch for him men living in San Francisco or

Portland. I would say that some restrictions should be placed as to where the ones who vouch come from. They should be people who know the applicant well if we are to make these qualifications of any importance.

Dr. Runnels: I move to amend, that the referees should be members from the applicant's own State or State Society.

Dr. Lee: I accept the amendment.

Dr. Mills: Under that ruling, if I wanted to come in I could not because I am the only member from our State who is a member of this Society.

Dr. Harris: Being a member of the Institute would cover that point, I should think. To have the signatures of three members of this Society ought to be sufficient. Otherwise you will place some in an awkward position.

Dr. Roberts: My first remark was only a suggestion. I can see where a man might vouch for another man on a very slight acquaintance, but I do not think that is likely to happen. As we are unable to limit it, I think it might be well to let it pass.

Dr Runnels withdrew his amendment.

Motion to adopt carried.

Dr. Burrett: The second part of this recommendation is simply a suggestion. The Secretary will read it.

"It has also been suggested that he sign an agreement similar to that required by the American College of Surgeons."

Dr. Harris: I believe we would like to hear from Dr. Chislett in regard to this.

Dr. Chislett: This was made by two members of the committee. It has to deal with the matter of ethical standing in the community. There is, as every one present knows, a widespread tendency within the past few years to do surgical business on a commission basis. It was the hope of the members of this committee that the commission basis could be eradicated from the homœopathic surgical body, and for that reason they made the suggestion, in order that it might be discussed very freely and openly in this meeting. It is a menace to the standing of the profession. There is no question about that, and it encourages people with inadequate preparation to attempt operation with the poor patient as the victim.

Dr. Burrett: What is the pleasure of the Society?

Dr. Buchanan: I move that the recommendation or suggestion of the committee be accepted as a part of the requirements of membership to this Society.

Dr. von Bonnewitz: Seconded.

Dr. Mills: I move to amend, that we put in requirements that are our own. This is the Surgical and Gynecological Society of the American Institute. Let us not put in the requirements of some other Society.

Dr. Roberts: I move to amend the amendment. I doubt if there is really any question in the mind of this body as to what we want. We want the same qualifications that are embodied in the oath or certificate signed by the members of the College of Surgeons. If that has

to be looked up we must of course postpone this matter, and we cannot do that, as it is important to carry this thing through now. It seems to me that if we could instruct the committee to insert into this the identical wording of that oath without any reference to the College of Surgeons, and then go on, that would be the proper way.

Dr. Chislett: I guess, Mr. President, the Secretary can do that without difficulty, and without calling the committee into office again.

Dr. Mills: I accept the amendment to the amendment.

Motion on the amendment carried.

Original motion carried.

(3) "The applicant shall have been in the special practice of surgery or gynecology for at least five years, and not less than 50% of his work should be special."

Dr. Roberts: I move to adopt.

Dr. Runnels: Seconded.

Dr. Roberts: I would move to amend by inserting the word "must" instead of "should."

President: The motion is to adopt this recommendation with the amendment that the word "must" be used instead of "should." Are there any remarks?

Dr. Mills: This Society is the surgical society of the American Institute, and the adoption of this recommendation will absolutely rule out of your membership quite a body of men who ought to have access to a surgical society or bureau of the American Institute. There are a lot who live in the small places, away from contact with other men in their school. They are interested in surgical work, and are doing more or less surgery. They want access to such a Society as this. Of course I am not speaking for myself at all. The question is whether to make this an exclusive specialist society, or make it a society broad enough to take in those of the Institute who are interested in surgery but also doing general practice. If this recommendation is adopted it will absolutely rule out a large number, for the sole purpose of keeping this Society in line with the American College of Surgeons. It will ultimately mean this, that there will be a legitimate demand for a surgical bureau in the Institute if this Society becomes exclusively a Society for specialists.

Dr. Harris: I feel a good deal the way Dr. Mills does. I must say that with my acquaintance in this Society I cannot see any difference between the men doing 49 per cent and 50 per cent. I do not believe that it is worth while to state the percentage. You have to take a man's word for it any way, or it will be necessary to appoint a committee to travel over the country and verify the statements. I think that ought to be thought out very carefully, the question of percentage. You know some of the best men in the country are supposed to be "Forty-niners," especially out West.

Dr. Chislett: Mr. President, I am very glad, indeed, that this matter has been brought up, because the committee discussed this quite as much as any one item of the recommendations. The feature that impelled me first to make that suggestion was the fact that within the past few years we have had some lamentably poor papers presented

before this society, by people who have had no surgical training, or no training in college. I really do not know myself whether it is advisable to limit it to a surgical and gynecological specialty. The matter is now brought up for discussion. If it is not made a society for specialists it certainly would be wise to appoint a board of censors to look over the papers which are presented to this society. I really feel myself that a great many of the papers that have gone out under cover of the Surgical and Gynecological Society of the American Institute, were not special papers at all as to surgery, and that is the reason for bringing this matter up. I would like, of course, to have the thing decided as the society wants it, but if we do decide to make the special work less than 50%, we certainly should have a board of censors to look over the papers before they are presented as emanating from this society.

Dr. Runnels: I feel that the object of this legislation is self-improvement. We want to elevate the standard of our profession; we want to be respectable among the surgeons of the world. We have already passed a resolution fixing the ethical standard, that we will not descend to any tricks or practices below the dignity of an honorable man in the conduct of his business; that the members of this society shall be of high grade in their work—I mean their ethical work. Now then, of course, we may have some people in this society who are abundantly qualified to be experts. There are a great many in this society who do not happen to be experts, but they want to know all that they can find out about surgery; they want to get into a higher grade of excellence than they now are. It is the purpose of the society to educate, elevate and uplift, and we do not want to shut anybody out that we can uplift. A lot of us old fellows will soon be laid on the shelf, and we must have some young ones to take our places. We must educate the young members. That is what we want to do in order to perpetuate our society. Therefore, we do not want to shut out men who are perhaps doing only 15% of surgery, or 25%. They are the people we want to help along. This, I think, should be very carefully worded, so as to in no way discourage the growth of surgery in the homœopathic profession.

Dr. Kahlke: It seems to me that we must go back to first principles, and ask ourselves what the object of this society is. The secretary can tell us whether it is to be an organization of specialists, or was intended to take the place of a surgical bureau of the American Institute.

Dr. Parsons: I found a record in the papers turned over to me when elected secretary, stating that the Surgical and Gynecological Society was organized some seventeen years ago by the homœopathic surgeons of the American Institute. It was to be strictly a surgical and gynecological society, and as I remember it in my younger days with the American Institute it was strictly a surgical society. It afterwards became affiliated with the American Institute.

Dr. Roberts: I would like to ask for the question before the house.

Dr. Burrett: The question before the house is the adoption of the

third recommendation of the committee, with the changing of the word "should' to "must."

Dr. Roberts: I move to amend by adding these words: "That the chair appoint a committee of three, of which Dr. Chislett shall be chairman, to submit to this body a plan, by which the members who are not specialists along this line can be given all the privileges of this body except actual membership.

Dr. Runnels: Seconded.

Dr. Burrett: You have heard the amendment, stated by Dr. Roberts.

Dr. Costain: How about anesthetists who are now members?

Dr. Chislett: The recommendations of the committee have no reference whatever to the present members. They were not intended to be retroactive in any way. They were intended for the building up of the society, and for those who will qualify for membership in the future. Those who are members are members for all time, as long as they pay their dues.

Dr. Roberts: With regard to Dr. Mills' objections, that there may be candidates coming in within the next few years who cannot qualify, but to whom we might wish to extend privileges—I do not think it is the object of the committee to in any way curtail the members of the American Institute in the opportunities to participate in the meetings of the Surgical Society. It seems to me that while this is not retroactive, there might be a clause inserted by which members may have an opportunity to present papers under certain restrictions.

Dr. Mills: I do not know that that answers the question at all. In the first place we do not know what we are going to vote on. I would like to move that as our constitution is out of date, would it not be a good scheme to have a committee appointed at this time to revise the whole constitution, including the question of membership, and report next year.

Dr. Burrett: There is already a motion before the house. I think it is proper for the chair to state that the committee suggested by Dr. Roberts' amendment it is understood shall report at a future session of this society. If there are no further remarks we will vote upon the amendment. Those in favor say "aye." Contrary "no."

Chair unable to rule. Asked for a standing vote. Eleven for; 12 opposed. Motion lost.

Dr. Foster: In regard to the fact that membership in the American Institute is a requisite for membership in this society, and for the further reason, already stated, that the requirements of this third recommendation are liable to operate a hardship on deserving and suitable applicants for membership in the Surgical and Gynecological Society, I move that this whole matter be laid on the table.

Dr. Mills: Seconded.

Motion lost.

Dr. Roberts: I would suggest that the ladies and gentlemen who are guests of the society be requested not to vote.

Dr. Ashcraft: I should say that too much time had already been given over to this. We have already wasted a half hour, when we could

have disposed of it in two seconds by properly voting for the whole. There is no question in my mind but that we should elevate our standard. If we cannot settle the matter here it should be referred to a committee to settle.

Dr. Burrett: The question before the house is on the adoption of the third recommendation of the committee. Are you ready for the question? Those in favor say "Aye." Contrary "No."

Motion carried.

(4) "Each applicant must present to the Board of Censors a complete clinical report of twenty-five operations, and provide for said Board any other evidence of qualifications asked for."

Dr. Lee: I move its adoption.

Dr. Roberts: Seconded.

Motion carried.

Dr. Roberts: I move that the whole report be adopted.

Dr. Harris: Seconded.

Motion carried.

It was moved by Dr. Roberts, seconded by Dr. Beebe, that all the papers relating to cancer be read and discussed at one time.

Motion carried.

Dr. Aldrich read the report of the Auditing Committee.

It was moved and seconded that the report be accepted and placed on file.

Motion carried.

President Burrett: We are ready for the report of the Board of Censors.

Dr. Mills: The Board of Censors presents the following applications: L. K. Maxwell, P. S. Replogle, B. Anderson, B. E. Kinzie, Curtiss Ginn, W. A. Humphrey, G. H. Iler, W. E. Reily, T. R. Gammage, E. Arthur Carr. These applicants have been properly recommended; the censors report favorably. I move their election.

Dr. Runnels: Seconded.

Motion carried.

Dr. Cushing: I received a communication from Dr. DeWitt G. Wilcox, asking permission to print the paper which I read yesterday before this society, in the *New England Medical Gazette*. As I understand that all papers read before this society become the property of the American Institute, I would like to have the permission of this society to let my paper go to Dr. Wilcox.

Dr. E. S. Bailey: I would like to make the same request.

Motion made and seconded that the request be granted.

Motion carried.

Motion made and seconded that no session be held Tuesday evening, but that the society adjourn to meet at 2:30 P. M. Wednesday.

Motion carried.

Wednesday, 2:30 p. m.

Meeting called to order by Dr. Burrett.

Dr. Burrett: Dr. Chislett has a matter to present at this time.

Dr. Chislett: In order to carry out the resolutions passed yester-

day it will be necessary to amend the Constitution and By-Laws of this society, according to Article V of the Constitution, which states that the Constitution may be amended by a two-thirds vote of the members present, at any regular meeting, provided that notice of such amendment has been given in writing at a previous annual meeting of the society. In order to make the recommendations acted upon yesterday legal, we will have to place them in writing and file with the secretary. This will necessitate a few changes in the Constitution and By-Laws. First, in Article II, Section 1, "Members," that should be the same. Section 2 should read, "Honorary and Associate members may be elected by the association." You will remember that it was expressed yesterday by some members of the society that those who could not qualify as regular members could be made associate so as to have the advantages of the society. Under the By-laws, Article I, Section 1 should remain the same. Article II should be changed to read: "The officers shall be selected by a nominating committee of three, appointed by the President, according to the regular order of business." That, Mr. President, has been the method followed in the election of officers for the past several years, and it seems to be the method most appropriate for this society. "The election shall be held at each regular meeting, and the officers shall enter upon their duties at the close of the session; provided, however, the secretary shall prepare for publication the work and papers of the session for which he has served." That is the same as in the present article.

In Article IV, in regard to Censors, Section 1, "Three Censors shall be elected, serving one, two and three years. The duties of the Censors shall be to pass upon the credentials for membership, and the quality of the papers to be presented to the society."

Article V.—Membership.

Sec. 1. The applicant for membership must be a member in good standing of the American Institute of Homœopathy.

Sec. 2. The applicant must have the endorsement of three members of this society in regard to his moral, ethical, and professional standing.

Sec. 3. The applicant shall sign the following declaration:

"I hereby promise, on my honor as a gentleman, that I will not, so long as I am a member of the Surgical and Gynecological Society, practice division of fees in any form, neither by collecting fees from others referring patients to me, nor requiring them to collect fees for me, nor making joint fees for physician or surgeon referring patients for operation or consultation, neither directly nor indirectly compensate any one referring patients, nor utilize any man as assistant for subterfuge practices."

Sec. 4. The applicant shall have been in the special practice of surgery and gynecology for five years.

Sec. 5. Each applicant shall make to the Board of Censors a complete clinical report of twenty-five operations.

Sections 2, 3, 4, 5 and 6 shall read 6, 7, 8, 9 and 10.

These amendments will be placed with the secretary to be acted upon at the next annual session.

Dr. Walton: I would like to know what the committee meant by 50%, whether 50% of work, or 50% of patients?

Dr. Chislett: I meant 50% of patients. I do not know what the other members of the committee meant.

Dr. Young: One other question. I notice the duties of the Censors are to pass on the qualifications of the applicant and also the papers to be presented. Are those to be submitted before the meeting or not?

Dr. Chislett: That was the idea I got from the discussions yesterday, when it was said that there were many papers which should not be published with the authority of this society. I think the papers should be in the hands of the Board of Censors at least two weeks before the annual meeting.

Dr. Buchanan: The College of Surgeons does not recognize anesthetists as being in the surgical department. I am not speaking for myself, as I am already a member of this society, but it seems to me that we ought to have an understanding with this committee as to whether an anesthetist is a surgeon. I would suggest that the work of the anesthetist be considered as strictly surgical, and in that way he will be allowed to come in as an actual member.

President Burrett: These amendments will be acted upon at the next annual meeting. If there is no further business to come before the society we will proceed with the reading of the papers.

Thursday, 10:30 a. m.

Meeting called to order by Dr. Burrett.

The Board of Censors reported the following: Corwin S. Clarke, Jackson, Mich.; Frank C. Fitzwell, Iowa City; Chas. E. Holloway, Des Moines; Homer I. Silvers, Atlantic City.

Motion made and seconded that these men be elected to membership.

Motion carried.

Motion made by Dr. Wilcox, seconded by Dr. Young, that Dr. Burford's paper be received in the regular order, sent for publication to the JOURNAL, and the secretary instructed to acknowledge same to Dr. Burford, with thanks.

Motion carried.

Dr. Wilcox and Dr. Canfield read papers.

Dr. Burrett: If there is no further business to come before this society we stand adjourned.

Scientific Session, Monday afternoon, 2:30

President Burrett presided.

The following papers were read at this session:

Some Observations Made in the Management of Twenty Cases of Acute Perforating Ulcer of the Stomach. G. M. Cushing. Discussed by Drs. McBurney, W. J. Harris, Buchanan, Lee, Burrett.

Report of case of Banti's disease, with specimen, also presented by Dr. Cushing.

Causes of Juvenile Delinquencies Requiring Surgery and Birth Con-

trol, Elizabeth Muncie. Discussed by W. J. Harris, B. Gurney, O. S. Runnels.

Local Anesthesia. By H. M. Beebe. Discussed by E. Stillman Bailey, A. E. Booth.

Adjournment until 2:30 p. m. Tuesday.

Tuesday, 2:30 p. m.

Meeting called to order by the President.

It was moved and seconded, motion carried, that papers relating to Cancer be made a Cancer Series, to be read and discussed at one session. The following papers were read:

Carnotite. E. S. Bailey.

Differential Diagnosis of Carcinoma of the Uterus. W. A. Humphrey.

When is Cancer Curable? Scott Parsons.

A Clinical Report of Cancer Cases Treated with Radium. J. M. Lee.

These papers were discussed by Drs. Crump, Runnels, Roberts, Kahlke.

Adjourned until 2:30 P. M. Wednesday.

Wednesday, 2:30 p. m.

Dr. Burrett presided.

After the business had been disposed of the following papers were presented:

Treatment of Paralysis Following Poliomyelitis. H. P. Cole. Discussed by O. S. Runnels.

A New and Positive Cure for Pruritus Ani, Scroti and Vulvae. O. R. von Bonnewitz.

Tumors of the Colon. B. A. McBurney. Discussed by Drs. Crump, Young, Kahlke.

Report of a Series of Nephrectomies. Leon T. Ashcraft. Discussed by A. E. Booth and H. M. Beebe.

Perforations of the Abdominal Viscera. L. K. Maxwell. Discussed by Drs. Buchanan, Kahlke, Stewart of Pittsburg, Chislett, Stewart of New York.

Intestinal Stasis: Medico-Surgical Aspects. A. E. Booth. Discussed by H. M. Beebe.

Acidosis and Postanesthetic Vomiting. T. D. Buchanan.

Thursday, 11:00 a. m.

President Burrett called the meeting to order.

After the business session the following papers were read:

Surgery of the Ductless Glands. DeWitt G. Wilcox. Discussed by H. H. Sink, Young and Burrett.

Diagnosis and Surgical Treatment of Cholecystitis. A. L. Canfield. Discussed by Drs. Young, Sink and Lee. Adjourned.

INTRACUTANEOUS REACTION OF SCHICK

Observations made in the New York Metropolitan Hospital by Assistant Visiting Pediatrist Ralph D. Moffett and Resident Physician Arthur C. Conrad.

The Children's Department at the Metropolitan Hospital consists of a building of 350 beds, given over entirely to the care of infants and children, so that the reader will see that of necessity many of the children were in the hospital during this entire period of study. This fact has been a help to us in a careful investigation of this subject, the object of which was (1) to determine whether or not the Schick reaction was of as much benefit as had been reported, (2) to test the efficiency of an antitoxin in immunized patients, (3) to determine the length of time in which this immunization lasted, (4) to aid in the differentiation between throats that were clinically diphtheritic and ordinary cases of tonsillitis, and (5) to determine if the immunity or nonimmunity existed throughout a family.

The usual site of injection was over the forearm after the arm had been cleaned with alcohol. *Two-tenths cc. of a secondary solution of toxin*, when injected intracutaneously, produces a small whitish area in the skin. This is absolutely necessary to obtain a proper reaction. The reaction begins to appear within twenty-four hours, and by thirty-six to forty-eight hours the area of injection is of a grayish-red color with considerable induration of the skin and with a slight amount of pain. Our observation leads us to believe that the amount of reaction is rarely less than the size of a 10-cent piece, and if we had a smaller area without infiltration and induration we would consider the reaction negative. After a week the color begins to disappear, and as it does there will be seen a small whitish center to the area of injection which is followed by a slight brownish discoloration of the skin a week or ten days later. With this brown discoloration there is desquamation of the skin.

Total tested, 455; positive, 221; negative, 234; percent positive, 48.5.

CONCLUSIONS

Our conclusions from this study of 455 cases are as follows:

1. The Schick reaction differentiates doubtful membranes of the throat.

2. It tests the efficiency of antitoxin immunization power.

3. It is of great value in institutional epidemics, in which it lessens the amount of antitoxin used one-half, as will be seen by the foregoing figures.

4. It differentiates susceptible from nonsusceptible cases.

5. It shows a striking similarity in reaction in families, and indicates that immunity is a family condition, as shown by fifteen instances under our observation.

6. It lessens the great yearly expenditure for unnecessary antitoxin.—*Jour. Amer. Med. Assoc., Sept. 18, 1915.*

THE KING IS DEAD. LONG LIVE THE KING!

THE PASSING YEAR

CHAS. E. WALTON

1915—1916

The old year is dying. Around his couch
Are seen the ghostly forms of by-gone years.
With outstretched arms they beckon him away,
And signal for his cortege to bear him
Tenderly to his grave. The midnight bells
Will soon proclaim his death. Like drowning men,
He sees with panoramic view, the span
Of life entire. The nations of the earth
Will chant his requiem, and o'er his grave
Erect a monument of hopes and fears
To mark the deeds which he hath wrought. He lies
A monarch shorn of strength. With lifted crown
His heir awaits the time to place upon
A youthful brow the emblem of new rank,
And stretch his scepter forth, wishing to all,
With royal grace, a New and Happy Year.

THE NEW YEAR

HARLAN PAGE COLE

The New Year is born!
He's a promising boy,
With hope of prosperity,
Comfort, and joy.
Though the heart of his father
With turmoil was rent,
I'm sure this fine youngster
Is on happiness bent.
See his proportions!
Perfectly fine!
Surely he's planned
From the image divine.
No meningitis
Shall torture his brain.
His blood must be free
From the dreaded ptomain.
No myelitis
To weaken a limb;
Shoe him up well
And keep him in trim.
With lungs well inflated
And head in the air,
For troubles and dangers
He has little care.
So here's to Prosperity!
Fill high the cup!
Welcome the New Year!
Bid the whole world
Look up.

Our Business. The days of endless argument are over. The academician lies prostrate with air hunger and the crowds are turning away from him to see the man who will show them how it is done. And they actually see it done, so it bothers them little how the academician explains it, whether it be by *curentur* or by *curantur*, or whether he chooses one expression or another. Those of us most interested know what homœopathy is, and the world at large does not misinterpret our principles. There has never appeared to be any awkwardness or difficulty in our position, and there is at present no effort by outsiders to twist and misshape our own words against us. And so in the name of universal peace, let what is good enough alone.—MACFARLAN.—*Jour. O. O. and L., Sept., 1915.*

THE JOURNAL
OF THE
American Institute of Homœopathy

Vol. VIII. MARCH, 1916 No. 9

THREE UNUSUAL KIDNEY CASES:

LARGE STONE IN THE KIDNEY
REMARKABLE URETERAL CALCULUS
PROLAPSED KIDNEY WITH ABSCESS

By Sidney Freeman Wilcox, M. D., F. A. C. S., New York City

Case 1. A Spanish lady, about fifty years of age, fond of good living, stout. Wife of a physician; has had no children. Unfortunately I have not the record of the case and have to give what details I can from memory, but as the interest in the case depends largely upon the unusual size of the stone, the details do not matter so much.

She came to me about eight years ago with the history of excessive pyuria and all the symptoms of kidney stone. I sent her to Dr. L. G. Cole for an x-ray picture which is here presented. (Fig. 1.)

The operation was performed under ether anesthesia, the patient being in the usual position over the Edebohls bag, with the left loin made as prominent as possible. The kidney was reached by a modified "Kocher's incision" and was found to be enormously enlarged and adherent. In fact the organ was nothing more nor less than a bag containing an enormous amount of pus. It was found utterly impracticable to remove it on account of the tremendous size and firm adhesions. So the operation consisted in evacuating the pus, of which there was at least a quart, removing the stone in pieces because it had to be broken up in order to get it out, and washing out and draining the cavity. To have attempted anything more would have been disastrous as the patient was "not doing well."

She reacted well from the anesthetic and in due time was able to go to her home in the city. In spite of the damage done to the kidney substance, the function of the organ was not entirely lost, for urine as well as pus came through the

sinus, which gradually contracted until the discharge was very slight. She improved very much in health and was able to spend the summer at one of the inland resorts. After her return in the fall she began to fail, although there was nothing about the sinus, which was still slightly open, to indicate any

FIG. 1—LEFT KIDNEY

trouble there. Finally symptoms of carcinoma of the liver developed and she succumbed to that disease about a year after the operation on the kidney.

Fig 2 shows the fragments of the calculus, two-thirds actual size, fastened on a card.

Case 2. In 1907 W. J. G., a well-developed boy of ten years, was brought to me by Dr. Fannie D. Conklin of Staten

FIG. 2

Island. For eight years, before he had come under her care, he had been suffering from occasional attacks of nephritic colic with discharges of pus and blood. A radiograph by Dr. Cole showed a stone located in the ureter at the brim of the pelvis

FIG. 3

(Fig. 3). This radiograph was published in my book "Surgery of Childhood" (Boericke & Runyon) in 1909.

Through a diagonal incision the ureter was found and brought up to the surface. Careful palpation as far as I could reach failed to locate the calculus. A small longitudinal opening was then made in the ureteral wall and a flexible probe passed in both directions through the whole length of the ureter without result. Then, one of the interns stated that during the previous night after he had been prepared for the operation, the patient had had an attack of nephritic colic. This led me to believe that the stone might have passed down into the bladder at that time. The slit in the ureter was closed with fine chromicized gut sutures and the abdominal wound was closed in the usual manner but paying special attention to the approximation of the muscles. Healing was rapid and uneventful. Later on I explored the bladder but could find no sign of stone. Curiously enough, he seemed better after the operation and I lost sight of him for several years until in December, 1913, when he came to see me again with a history of intermittent attacks similar to the ones from which he had previously suffered. Thinking that perhaps the stone might have slipped down near the bladder, I sent him to a "G. U." man who thought the stone was just at the orifice of the ureter. He dilated the orifice but failed to get the stone. I did not see him again for several months.

Finally the patient, now an unusually fine looking and well developed young man of eighteen, begged of me to try once more to remove the cause of his distress.

A second radiograph by Dr. Cole (Fig. 4) showed the stone very much larger than before and about three-quarters of an inch lower down in the pelvis. The report also stated that there seemed to be a small, soft stone in the lower pole of the kidney.

On March 2, 1915, the last operation was performed, making the incision parallel with and a little above the first one and a little longer. On account of the cicatricial adhesions from the former operation the locating and freeing of the ureter was attended with much difficulty, but it was accomplished, the ureter opened and a flexible metallic probe passed in both directions *without result*. Finally, by burrowing with the fingers a hard lump was located about three-quarters of an inch below the point where the ureter crosses the common

iliac artery. By cautious squeezing, the stone was dislodged upward and delivered through the slit in the ureteral wall. The slit was closed as before and the ureter dropped back.

Then, to remove the supposed stone in the lower pole of the kidney that organ was opened and thoroughly explored by the finger, with negative results. The kidney wound was closed, the capsule stitched, and the parietal wound closed as before, with the exception that a drain was placed. This was

FIG. 4

removed the next day and the patient made an uninterrupted recovery and has been free from pain ever since.

Fig. 4 shows the stone one-half actual size, perfectly smooth and polished. When removed it was covered with a layer of tough mucus which probably prevented a response when it was struck with the flexible metallic probe. I doubt if the stone was encapsulated, because it had moved down the ureter during the interval between the two operations. The

progress was slow and with considerable remissions. Very likely the spasms were caused by some local irritant, possibly some unusual condition of the urine. There may have been a diverticulum of the ureter from which the stone slipped partly out from time to time to fall back again after the spasm had passed.

The photograph (Fig. 5) shows the exact size and shape of the calculus. The stone is as smooth as though it had been polished. The appearance of roughness in the photograph is due to the different shades of coloring of the surface.

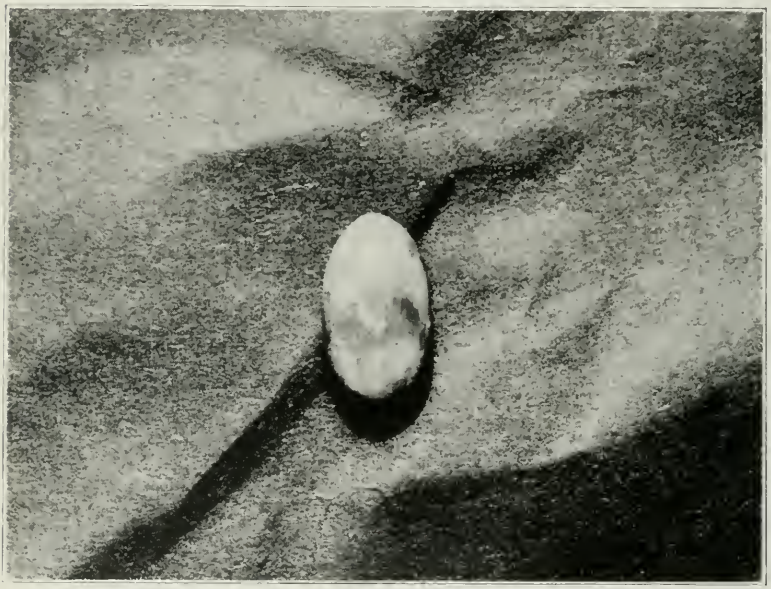


Fig. 5

Case 3. Mrs. L., *act.* fifty, sent to me by Dr. Conklin, of Staten Island. Entered the Boyce sanitarium February 15, 1915, in a very weak and debilitated condition. She was passing large amounts of pus in the urine and suffered from great pain and tenderness in the left costo-iliac and pelvic regions. Her temperature was 102° F. when she entered the hospital. As she came in the evening before the operation I had no opportunity to make an extensive examination and her condition was so bad that it was not considered safe to have her undergo the trip to the laboratory for an x-ray examination.

Under ether narcosis I opened the left flank and searched

for the kidney, which I found prolapsed down into the true pelvis and firmly fixed by adhesions. In fact it was so far down in the pelvis and the shape was so peculiar that I began to wonder if I was not dealing with a uterine tumor. However, as there was nothing else on that side which could be the kidney, the adhesions were carefully broken up and, after evacuating an abscess containing about a gill of pus, the kidney was brought to the surface. As I had been informed that a cystoscopic examination had been previously made with the discovery that tuberculosis was present, nephrectomy was done but not until I had passed my hand retroperitoneally across the body and palpated the other kidney, which was normal in size and position.

Drainage was employed for a few days after the operation when it seemed no longer necessary as there was no pus and the temperature fell to normal on the second day. The wound healed after the removal of the tube but subsequently broke down again and healing was very slow.

What seemed unusual in this case was the complete prolapse of the kidney into the true pelvis, with fixation. I am of the opinion that the inflammation and formation of an abscess were secondary, because a laboratory examination of the organ failed to reveal any trace of tuberculosis.

Protecting the Eyes of Children. Many of the things which, a generation ago, would have been looked upon as useless and expensive frills and fads, are now being accepted as of vital importance by sound-headed and practical men. The protection of life and health, by whatever means, is being looked upon as essentially worth while and proper provision is being made, at no end of trouble and expense, for those who are physically below grade.

The city of Cincinnati is setting the pace in protecting the eyes of school children. Systematic school inspection has been established and all children found to have weak eyes are given the benefit of the following provisions: Segregation; half shades for windows; woodwork and desks mat finished; cream colored ceilings and upper parts of walls; buff walls from moulding to black-board, dark brown from chalk tray to floor; scientific artificial lighting; written work on large or desk black-boards; text-books printed in 36-point (one-half inch) type on unglazed, buff-tinted paper; typewriting by the touch system.

Who can imagine the school director of the old school and of a generation ago giving much thought as to whether varnished woodwork would be harmful to the eyes of children or of going much further than consulting the doubtful taste of the town painter and decorator as to the color of the school walls?—*Ill. Health News.*

HOMŒOPATHIC PRACTICE—THE NECESSARY CONDITIONS FOR SUCCESS*

By Daniel E. S. Coleman, Ph. B., M. D., New York City

Homœopathy is retarded in its growth by failure to understand the conditions necessary for its successful application. Two common errors are made in choosing a therapeutic measure applicable to an individual pathological condition. One error consists in supposing a certain morbid state outside the realm of the similar remedy when in reality it is not; the other error lies in attempting to use the similar remedy in a condition for which homœopathy never was intended. Great care and keen judgment are often necessary to differentiate dynamic from mechanical conditions, and a good homœopathic physician should possess a working knowledge of pathology if he is to reach the perfection of his art.

The intention of this paper is to discuss briefly the conditions necessary for the successful application of remedies based upon the principle of symptom similarity.

The great field of curative medicinal therapeutics belongs almost entirely to homœopathy; the uses of drugs by the "old school" are for the most part palliative only. Close examination of the majority of cures accomplished by allopathic practitioners proves them to be really homœopathic. Let us take the Osler complete curative list. Mercury produces symptoms resembling those of secondary syphilis: pains in the periosteum, aggravated at night, similar skin lesions, inflammations of the lymphatic nodes, etc. That mercury does not attack the flat bones nor produce iritis as does syphilis is no argument against its homœopathicity. Iritis is not a constant symptom of syphilis and the flat bones are only affected in the so-called tertiary stage in which mercury does little or no good. Some other drugs like aurum and nitric acid will accomplish more at this time. The symptoms must decide the choice.

If it were not for the similarity of the symptoms of cinchona bark to those of intermittent fever, we would not be congregated here as the Homœopathic School of Medicine. Our foundation rests upon this similarity discovered by Hahnemann in 1790. That quinin can directly destroy the plasmodium malariæ does not detract from the argument. The "old school" found that

*Bureau of Clinical Research, A. I. H., 1915.

they could cure with a dose so small that some other explanation was sought. The true solution lies in symptom similarity.

Iron cures anemia because it is capable of producing it. At first the red corpuscles are increased, but later they are diminished and profound anemia results. This anemia is not the so-called secondary action or reaction of the body against the action of the drug, but is due to its continual direct poisonous effect. If we stop the remedy when the red cells are increased we do not get a secondary anemia. It is the continual administration of the drug which produces that. Only a little care is required to differentiate reaction from continued primary action.

The use of salicylate of soda in rheumatism is the last of the Osler quartet of the "only curative remedies."

Mr. Nankivell after taking ten grains of salicin produced a rise in temperature to 101°. This he repeated twice. (Dr. Wheeler's paper in the British Homœopathic Society.)

A stout, well-nourished woman, aet. 25, was treated for rheumatism with salicin, and although she received 1,400 grains in five days her temperature continued to rise, until at her death it was 111°.

Dr. H. L. Chase produced from the 3x dilution of salicylic acid soreness and pain in the right deltoid and gastrocnemius, changing the next day to the left wrist and forearm. There was soreness to touch and on motion.

These cases might tend to show the homœopathic relation between this remedy and rheumatism, but I do not think that such a claim can be positively made. I agree with Doctor Hughes that rheumatism has been treated in three ways. First, by neutralization of the morbid acid with an alkaline. Second, by checking the formation of this morbid product with a remedy (the indicated homœopathic remedy does this). Third, by lowering the temperature and deadening the pain, but leaving the morbid product untouched.

Salicylic acid and its salts probably come under the last classification and such treatment can only invite relapse. After reading the cases of poisoning reported in the Cyclopedia of Drug Pathogenesis, one would think twice before using this drug. After much experience with rheumatic cases, I am convinced of the superior efficiency of the truly indicated homœopathic remedy. One more point: rheumatic patients exhaust the action of a remedy very quickly; frequent repetition is therefore necessary.

I remember the contents of a reprint sent to me a few years

ago by Leath and Ross of London. It was a paper read before an "old school" society by one of its eminent members. He began by decrying the tendency to therapeutic nihilism, then announced that we had at last discovered the real law of cure, giving the homœopathic doctrine followed by remedies prescribed on the principle of symptom similarity and in small doses. Not one word of credit to Hahnemann or homœopathy appeared in the entire paper!!

Therapeutics is divided into hygienic, mechanical, medicinal, chemical, electrical, suggestive, x-ray, hydro-, serum and vaccine therapy. Under hygienic therapeutics we have the effect of air, sunlight, clothing, rest, exercise, food, etc.

The great work of Alfred W. McCann shows the value of dietetics. In the recent cases of profound malnutrition among the sailors of the "Kronprinz Wilhelm," he proved the necessity of proper feeding. He was the only investigator visiting the ship who had real knowledge of the true condition. The illness was due to improper food. The diet consisted bountifully of meat, canned vegetables, white bread, butter, cheese, sugar, etc. It did not contain the very important inorganic salts, however. The acidosis produced by such a diet was neutralized by the withdrawal of inorganic salts from the tissues. If these salts had been supplied in the food this condition would not have resulted. Symptoms did not develop until the 255th day.

Mr. McCann prescribed large quantities of inorganic salts,—water in which vegetables had been boiled, whole wheat bread, yolks of eggs, milk. His results were brilliant. Only four out of 110 cases stricken failed to recover. The death of 4,000 men of the Madeira-Mamore Railway Company in building a track from Bolivia to Brazil resulted from food deprived of its inorganic salts. Monkeys in the vicinity living on undenatured food were well and happy. The illness of the men on the interned German ships in New York harbor is due to the same cause. Mr. McCann has accomplished a wonderful work which promises to revolutionize the food industry.

Electro, x-ray, hydro-, serum, vaccine and suggestive therapy all have a place in the great field of medical science. It is significant to note that the New York Homœopathic Medical College was the first medical college in this country to establish a chair of electrotherapeutics, the first to teach hydrotherapy, and the first to conduct an electrotherapeutic and x-ray clinic.

Chemical therapy is based upon the direct chemical action of

drugs, such as the direct action of an antidote in the primary stage of poison. For example, sodium sulphate converts carbolic acid into harmless sodium phenolsulphonate. I believe that the effects of medicinal antidotes occurring after absorption has taken place, as belladonna in cases of opium poisoning, are in reality homœopathic.

One of the most reasonable explanations as to how cures are accomplished according to the homœopathic law is the well known theory based upon the secondary action, or reaction, of remedies. We all know that when a poison is administered certain symptoms characteristic of it are produced. These symptoms are the so-called primary action of the poison. The organism exerts a force, or reacts in an opposite direction, which reaction continues past the starting point. For example, constipation follows the use of a cathartic; depression follows the use of a stimulant. It is this reaction of the body against the reaction of the drug which brings about a cure. A patient may present a large number of symptoms, but if we administer a remedy capable of producing similar symptoms in a healthy human body, when reaction occurs, if the patient's vitality is not too low to respond, the force is exerted upon every symptom in an opposite direction, and cure or amelioration can be the only result. The acutely poisoned are under the primary action of some drug. This will be followed, if the patient live, by a reaction. Now, when we give an antidote having a contrary primary action to the poison taken, the force is exerted in an opposite direction. Later, both poison and antidote will react against each other, still pulling in opposite directions.

A drug cures disease by virtue of its opposing action or reaction; consequently when an antidote is administered in a case of acute poisoning the action is identical. The whole question is one of action and reaction. The homœopathic law stands out triumphant in either case.

To administer a contrary-acting drug for the remote effects of a poison, that is, after reaction has taken place and symptoms still remain, is not homœopathic; such should be treated by the simillimum.

To find poisons having a totality of symptoms acting contrarily is difficult. Hence the few reliable physiological antidotes. Again, it is hard to tell if the poison and the antidote will react nearly at the same time.

The use of antitoxin in diphtheria is similar to the results obtained from the use of the homœopathic remedy. The action of

the similar remedy stimulates the vital force to form an antitoxin within the patient's body. When the antitoxin obtained from the horse is injected directly into the blood, we simply add the antidote which the properly indicated homœopathic remedy is capable of causing to be formed.

Experiments have shown that the opsonic index has been raised against certain diseases by homœopathic remedies.

Mechanical therapeutics play an important part in the great field of medical science. Vibration, massage, osteopathy, surgery, drugs used for mechanical effects, should not be neglected by any well-educated physician.

The question arises as to the exact place for homœopathy. The vast number of ills of the human organism can be cured or relieved better by symptom similarity prescribing, than in any other way. There is no reason why purely non-medicinal measures should not be used in conjunction with the indicated remedy, such as massage, application of hot or cold water. I have known physicians to refuse to allow a hot water bag to be placed on a patient for fear of masking symptoms, forgetting in their distorted sense the valuable indication for a remedy, "relief from heat," perceived therefrom. Again, a remedy acts best at the time of its amelioration. So a hot water bag may aid us in the choice of a remedy and assist its action in addition to the relief it offers the patient. Vibration has been a valuable aid to me in certain conditions, especially otitis media chronica, and it does not interfere with my choosing a remedy.

Certain surgical or mechanical conditions, as hernia, flatfoot, do not come within the scope of homœopathy. A dilated heart with broken compensation must be treated by measures calculated to bring about speedy contraction. Other heart conditions are better treated by the similar remedy. In iritis the pupil must be kept dilated, otherwise adhesions will occur btween the iris and the crystalline lens. I have known blindness to result from neglecting this duty. The ability to diagnose iritis from conjunctivitis is of paramount importance, and one who has neglected to make himself competent should never commit the folly of treating eye conditions. The employment of the homœopathic remedy can always help the general condition of a surgical patient and is a measure too often neglected. In fact many cases which have been thought purely surgical have improved under the action of the homœopathic remedy. Often the employment of surgery is not advisable or possible; for example, the case of carcinoma

of the breast of eleven years' standing reported by me last year. The patient still remains in the same general good health, cheeks red, does not lose weight, etc. This case has been absolutely controlled by the indicated remedy, when surgery could have done nothing. The sharp pains were stopped by conium, later when hemorrhages appeared millefolium controlled them absolutely. Finally, when sloughing and intolerable odor with excoriating discharge occurred, kreosote checked the sloughing and removed the odor. Surgery could do nothing for such a case; homœopathy, and it alone, accomplished results impossible by other methods. We often hear how important it is to resort to surgery in cases of cervical adenitis. I am convinced by experience that removal by dissection is not necessary, in fact, is inadvisable. Surgical measures remove the resulting pathological condition without influencing the causal constitutional dyscrasia. The homœopathic remedy strikes at the root of the disease.

A few cases by way of illustration:

Female, aet. 18. Enlarged node about two inches in diameter. Had received x-ray and vibratory treatment before coming to me. The physician was able to reduce other nodes, but this one defied his best endeavors. He then referred her to a surgeon who advised an immediate operation. Both these doctors were of the "old school." I disagreed about operating, claiming I could cure the trouble with medicine. She then visited three other homœopaths; two advised an operation, one agreed with me. In the absence of any constitutional symptoms indicating another remedy, I prescribed iodoform 3x. The node began to soften and its contents were evacuated of an ounce of pus in four weeks' time. In two weeks more it had entirely healed. She is well and strong at present, over three years later. These nodes were diagnosed as tubercular and confirmed by the von Pirquet reaction.

Female, aet. 27. Large chain of nodes on the right side of neck of tubercular character. Operation advised by "old school" physician. The "terrible results" that would follow if she did not submit to his advice were impressed upon her mind. Iodoform 3x has caused all but one of these enlarged nodes to disappear. Only one discharged. She has had only occasional treatment extending over about two years.

Male, aet. 49. Sent by above patient. Large, hard swelling on left side of neck about four inches in diameter. Diagnosis of tubercular adenitis made by "old school" physician. No result from five months' treatment. Feb. 17, 1914. Patient weak, easily

tired, face pale. Iodoform 3x, 2 tablets q. 2 h. Feb. 24th. A little softer and smaller. An anterior and a posterior portion can be distinguished. Iodoform 2x, 3 tablets q. 2 h. March 12th. Anterior node much softer; posterior, smaller. Iodoform 2x continued. March 2d. Much improved. Remedy continued. March 31st. Swelling about half original size. Remedy continued. May 4th. The originally enlarged nodes continue to improve, but another has appeared just above clavicle. Iodin ⊖ gtts. x in half glass of water, ℥ij q. 2 h. June 1st. Much improved. Enlargement above clavicle almost well. The anterior node of the original swelling very soft, posterior node smaller. Iodin ⊖ gtts. xx, in half a glass of water, ℥ij q. 2 h. June 22d. Anterior node practically well after discharging profusely. Other nodes very much smaller and softer. The entire swelling is about one-fourth its original size. The patient has gained much in weight and his general health is vastly improved. Iodin continued. Later, I discharged him as absolutely cured, and he has remained so now many months.

Female, aet. 9; mild, yielding disposition, light hair, blue eyes. Greatly enlarged node on left side of neck, lasting several years. Pulsatilla 30th, silica 30th, and other remedies prescribed without result. I then gave iodoform 3x trituration, one tablet four times daily. Evidence of its action was manifest in two days; the node became red, softened rapidly, broke and discharged its contents. It was completely healed in about two weeks. The patient is an extremely robust woman today of twenty-five.

Male, aet. 9; two nodes on either side of neck about two inches in diameter. Iodin ⊖ gtts. x, in half a glass of water, ℥ij q. 2 h. Cured in five weeks.

What is the *modus operandi* of *iodoform* and *iodin* in adenitis? It cannot be due to any direct antiseptic action in the quantity given. Two tablets of the 3x trituration of iodoform contains about 1/520 of a grain of *iodin*. *Iodin* does not circulate free in the blood, but in combination as an iodid. The amount of blood in the body is 1/13 of its weight. A person weighing 130 pounds would have ten pounds or 76,800 grains of blood. If the *iodin* did circulate free in the blood, *and it is not free, but in combination,* it would be diluted 1/39,936,000. Two tablets of the 2x would have a dilution of 1/3,993,600.

The largest amount of *iodin* given in any of these cases was ⊖ gtts. xx, dissolved in a half glass of water, ℥ij at a dose. This amount of *iodin,* if circulating in the blood, would have a dilu-

tion of 1/46,080,000,000. Any antiseptic action is thus out of the question.

The action cannot be antipathic because the patients grew better constitutionally and no pathological symptoms were produced. Again, only the diseased tissues were acted upon.

Iodin is capable of affecting the nodes in a manner resembling the morbid condition cured,—*the action is therefore homœopathic.* Remember that characteristics are found in objective, as well as subjective, symptoms.

I have repeatedly cured adenitis of the breast with conium, phytolacca, iodin, prescribed upon individual indications. It is a mistake to rush every case to the operating table as soon as a lump in the breast is detected. At least a short trial with the remedy should be made.

Some years ago, while I was serving as intern in the Metropolitan Hospital, I learned the value of the indicated homœopathic remedy in surgical conditions. One case impressed me much.

Male. Tertiary syphilitic ulcers of the knee, a dozen or more in number, presenting a greyish floor and secreting a sanious pus. No pain or itching. The usual routine antiseptic and internal treatment had failed to cause the slightest improvement in over two years. I discontinued all local applications and prescribed nux vomica 6x tablet trituration four times daily upon the following indications: Patient thin, quick, active, dark hair. Hard drinker and taker of all kinds of drugs, acne rosacea from abuse of alcohol. In less than two weeks the ulcers had healed, and had not returned several years later when I saw him. This case taught me a lesson which I have remembered to advantage ever since.

I could repeat such experiences, but time does not permit. The great value of the homœopathic remedy is overlooked by the majority of present-day surgeons. Surgical technic is necessary, but in dwelling too much upon manual skill, one should not neglect other important therapeutic helps. The surgeon well drilled as a prescriber is far superior to one who considers the mechanical side only.

The following case illustrates the power of homœopathy over conditions in which pathological changes have been permitted to progress beyond the stage where a cure is possible.

Male, aet. 24, in last stage of diabetes. Treated for two years by three eminent physicians of the "old school." When I first saw him it was predicted that he would die in coma in less than

a week. Symptoms: Great weakness, can hardly stand, emaciation, intense hunger and thirst, eats every two hours, constipation with no desire for stool, cold hands and feet, cold clammy sweat, passage of large quantities of light-colored urine, gets up at night to urinate, acid eructations and nausea. Natrum mur. 200, one dose. Three days later, improved; stomach less acid, little nausea, first time in three weeks that he did not get up to urinate; thirst and appetite normal; very much stronger. Improvement ceased after a time and I gave him natrum mur. 30th four times daily. He seemed to do better on repeated doses. After the first month of treatment he had gained so much in strength that he (without my knowledge or consent) carried a trunk up stairs. I discontinued the remedy when improvement was evident, and resumed it when improvement ceased. Later, when symptoms peculiar to natrum mur. disappeared, other remedies were prescribed, but none helped to the same extent. Following are the urinary analyses:

Aug. 15, 1906, quantity, 6,060 c.c. Appearance, very pale. Odor sweet. Reaction, acid. Sp. g., 1.027. Urea, 1%. Total excretion in 24 hours, 60 grams. Chlorids, low. Phosphates, enormously increased. Albumin, trace. Sugar, 5%. Acetone, large amount. Diacetic acid, large amount.

Aug. 17th, quantity in 24 hours, 5,180 c.c. Color, pale. Reaction, acid. Sp. g., 1.028. Urea, 0.8%. Total in 24 hours, 40 grams. Chlorids, low. Phosphates, excessive. Albumin, less. Sugar, 5%. Acetone, same. *Diacetic acid about one-fourth less.*

Sept. 2nd. Quantity, 3,480 c.c. Color, pale. Odor, normal. Sp. g., 1.026. Urea, 1%. Total excretion in 24 hours, 38 grams. Chlorids, normal. Phosphates, markedly increased. Albumin, trace. Sugar, 2.6%. Acetone, a little less. *Diacetic acid three-fourths less than original.*

Sept. 15th. Quantity in 24 hours, 5,580 c.c. Sp. g., 1.030. Urea, 1.4%. Total in 24 hours, 78 grams. Chlorids, low. Phosphates, excessive. Albumin, strong trace. Sugar, 3.3%. Acetone and diacetic acid higher than last analysis.

Sept. 27th. Quantity in 24 hours, 5,280 c.c. Appearance, pale. Odor, normal.. Sp. g., 1.017. Urea, 1.1%. Total in 24 hours, 58 grams. Indican, increased. Chlorids, nearly normal. Phosphates, excessive. Albumin, very slight trace. *Sugar, 2%.* Acetone, same. *Diacetic acid, very little.*

Oct. 29th. Quantity in 24 hours, 4,380 c.c. Appearance, pale. Urea, 1.05%. Total in 24 hours, 47 grams. Chlorids, low. Phosphates, a trifle high. Albumin, negative. Sugar, 2.08%. Acetone and diacetic acid, lowest yet.

Nov. 8th. Quantity in 24 hours, 4,440 c.c. Color, pale but darker than before. *Urea, 0.4%. Total in 24 hours, 17.7 grams.* Indican, a

trifle high. *Chlorids, very low.* Sulphates, low. Phosphates, somewhat high. Albumin, one-fourth of 1% by weight. Sugar, 2.51%. Acetone and diacetic acid, rather high.

He improved greatly for a time, but finally the remedies would not hold him and he died three months after I began treatment. His allopathic physician gave him less than one week. It is interesting to note the connection between the diminished chlorids in the urine and the indications for natrum mur. I made no change in diet from that which he was receiving from his former physicians, but in view of the recent work of Mr. McCann, I would now have given him base-forming foods rich in organic salts. One word more. Begin the proper homœopathic treatment before it is too late.

Our search for so-called specifics puts me in mind of the knight who spent most of his life in search of the Holy Grail, only to find it at his own door-step in the possession of a beggar whom he had passed when starting on his mission.

Much experience with tubercular cases at the Metropolitan Hospital and in private practice has convinced me of its curability with the homœopathic remedy, excepting in the last stages.

A case in way of illustration. Male, aet. 61. Oct. 4th, 1914. Hoarse cough with raising of large quantities of thick yellow mucus. Cough hurts head. Anorexia, debility, emaciation and nasal catarrh. Weight 120 pounds. Physical examination revealed active lesion in the upper third of right lung with the presence of tubercular bacilli in the sputum. Hydrastis ⊙ gtts. x, in half of glass of water, ℥ij four times daily. He began to gain at once and by January 10, 1915, I could detect no active morbid process upon physical examination. He then weighed 134 pounds. June 18, 1915, weight 148 pounds and seems in perfect health. No symptoms. After improvement was manifest he took the remedy on alternate weeks, and later less often.

I have accomplished similar results with other remedies, arsenicum iod., phosphorus, sanguinaria. Skepticism regarding the results obtainable from homœopathic prescribing has for its foundation insufficient knowledge of materia medica. On the other hand we must not expect impossible results. No remedy can cause the degenerated nerves of the central system, as in tabes dorsalis, to regenerate like the peripheral fibers. It is true that I have stopped the pains of this disease by the indicated drug, and I believe the fatal termination can be retarded. Many examples of this kind could be given, but they would be useless repetition.

Regarding potency, I believe in all strengths, depending on the drug prescribed, the susceptibility of the patient and the disease treated. To be hidebound by any potency is a grave mistake, and one so narrowed will fail to get all from the practice of homœopathy that he otherwise would. Personally, I do not use the so-called fluxion potencies. They are not exact and they depart from the rules of homœopathic pharmacy in their preparation. I mention contact potencies only to condemn them. If we were sure that such preparations could be depended upon, and I would not trust them, the skepticism they tend to produce can have none other than a pernicious influence on the advancement of our school. Fluxion and contact potencies had no place in the philosophy of Hahnemann.

The repetition of the dose is a matter of experience. The action of some drugs is short; others, long. Certain diseases exhaust the action of a remedy quickly; others, slowly. Acute cases require more frequent repetition than chronic. High potencies are usually repeated less frequently than low. Theoretically, we should not repeat until the former dose has been exhausted. The busy doctor finds it hard to carry out this rule with a degree of perfection; he is not constantly at the bed side of every patient to note the exact time drug action ceases. In chronic cases it is not so difficult. We must do the best we can. While I believe in the importance of this subject, some are inclined to exaggerate the harmfulness of too frequent repetition. They will wait and wait while a patient suffers or grows worse because of this fear of repeating the dose.

In the *Organon* of 1833, section 247, Hahnemann recommended frequent repetition in acute diseases and less frequent repetition in chronic ones. We must exercise reason in all things.

Failure to obtain results from homœopathic practice has for its most important cause *neglect to study the materia medica.* One hour daily of systematic work upon the action of remedies would change a hesitating, skeptical practitioner into a confident homœopathic physician. A musician who never practices but attempts to keep up his technic by his concert work alone would have a short career.

It is folly to attempt to work out each case as it appears without a comprehensive knowledge of materia medica. I agree with my good friend, Dr. Nash, "In actual practice there are two kinds of cases that come to every physician. One is the case that may be prescribed for with great certainty of success

on the symptoms that are styled *characteristic and peculiar.* (*Organon,* par. 153.) The other is the case having no such symptoms. Then there is only one way, viz., to hunt for the remedy that, in its pathogenesis, contains what is called the *tout ensemble* of the case. The majority of cases, however, do have standing out like beacon lights, some characteristic or keynote symptoms which guide to the study of the remedy that has the whole case in its pathogenesis."

Hard work is the price one must pay to obtain success in the practice of the only scientific system of medicine the world has ever known.

Discussion

The Chairman: Men usually study everything except how they should go about to cure their patients. In hygienic therapeutics we merely adjust the hygienic elements requisite for physiological equilibrium; in surgical therapeutics we merely adjust the mechanical elements of the body; the rest we leave to nature, unless we further employ the curative method of scientific medicinal therapeutics, in other words, homœopathy, the good old way of Samuel Hahnemann. I am pleased to ask Doctor Royal to discuss this paper on this line.

Dr. Royal: Dr. Sutherland, my good old friend, said we ought to have a course in dietetics. We want something before that. We want a book on the dietetics of the individual homœopathic remedy. That may sound queer to you, but when you heard, for instance, what the inorganic salts in the little oyster had to do with tuberculosis and other diseases, didn't it occur to you that your indicated remedy could be interfered with, through an error in diet, so that it could bring no results whatever?

I teach my students that seven-tenths of the cases of typhoid fever are cured by rhus tox or bryonia. In the same breath I say that the diet required for the typhoid patient who needs bryonia is entirely different from the diet of the patient needing rhus tox. That is one of the conditions I would elaborate had I the time. Some day some of you younger men can bring more glory to homœopathy if you will write us a book on Dietetics of Remedies that we can place in the hands of recent graduates, giving them the help they need for the successful results of their homœopathic remedies.

Dr. Stearns: There are two points I wish to speak of. One is modalities. Dr. Royal spoke of it in connection with diet and Doctor Coleman in connection with heat. Homœopathy is not a science merely of drugs, but it is a science which concerns everything which you do for your patient. You can use heat or cold, dry, or wet, or fats, depending on the modalities that your case presents, and they are just as homœopathic as is your remedy.

The other point has to do with the difference between a surgical and a medical condition, and I have come to the conclusion that that differ-

ence doesn't lie so much in the patient as in the physician who is treating it. I remember our good old friend Doctor Edmund Carleton saying, "In all my thirty years of practice I never have had a case of appendicitis operated upon and I never lost a case." Think of that. His son, who is trying to follow in his footsteps and had many of his cases with him, says that same thing, and he has not lost a case. Doctor Carleton, furthermore, said, "Sometimes there will be one recurrence, very rarely, however, the second, and never the third if they are treated homœopathically." In other words, if the precise remedy is selected, the second attack is light, sometimes there is a third attack, and that is the end of the appendicitis. I recently heard a case reported by Doctor Patch of Framingham, Mass. It was a recurrent cancer in the breast. One breast had been removed. It was diagnosed by the microscope as carcinoma. He cured that case. Two or three years after that it recurred and the recurrence was completely cured. Dr. Freeman of Brooklyn reports two or three cases of cancer of the uterus which were adequately diagnosed and which were cured. I think two of these cases had sepia. So that I wish to reiterate that whether it is medical or surgical depends more on the man who is attending than on the case itself.

Remedies in Nervous Disorders. The old school has iron, arsenic, phosphorus, strychnia, and the hypophosphites, and so have we. But we have in addition such valuable remedies as zincum, with its characteristic indications of backache, burning down the spine, weakness, formication, physical depression as well as cerebral exhaustion; picric acid, with inability to use the mind without causing distressing headache, the brain fag of literary and business people, pain, when in the occiput extending down the spine, anacardium, with its defective memory, indigestion or gastralgia, liability to colds, inclination to keep quiet; erythroxylon coca, when sexual excesses or the excessive use of tobacco, with or without overwork, have disordered the nervous system, as particularly evidenced by cardiac and respiratory disturbances; gelsemium and nux vomica are both as efficient when indicated as are those great standbys already mentioned,—arsenicum, phosphorus, and strychnia: and valeriana officinalis, in nervous gastric disturbances, the hysterical temperament, excessive nervous excitability with neuralgia or sciatica, and not infrequently when other remedies have failed.

For sleeplessness we are not confined to the bromids, chloral, and opium preparations, nor yet to the coal tar preparations. We have other resources of great value, such as belladonna, hyoscyamus, stramonium, ignatia, cimicifuga, coffea, calcarea carbonica, aconite.

When these cases come under our care, we must forcibly detach them, if necessary, from wonted surroundings, the constant friction of accustomed routine, the irritation of well-meaning members of the family or uncongenial business associates. We must effect oftentimes, a revolution in habits of life as in habits of thought.—*Givens.*

A NATRUM MURIATICUM CASE*

By Rudolph F. Rabe, M. D., New York City

The following unfinished case is reported for two reasons: first, because it illustrates the importance of common salt, when potentized according to Hahnemann's method, in conditions eminently chronic and persistent; second, because it brings out clearly the psychic relationship of this remedy.

There are homœopathic physicians who confess to little confidence in common salt as a remedy; they cannot see how an article of food in daily use can have any medicinal value. A study of the provings of this remedy ought to convince any homœopathic physician of its sick-making powers, hence of its curative ability according to the law of similars.

It will be readily admitted by all observers that an entire absence of salt in the case of the lower animals, for example, is productive of ill health, and that its physiological necessity is shown by the fact that animals will travel great distances to obtain it.

The patient whose case is to be presented was first examined in February, 1914. She is an unmarried woman of 34 years, intelligent, intellectual and independent in her actions, ideas and manner of living. She is one of those who outgrow their parents, who leave the parental roof in the small country town and seek the life, experiences and wider outlook of the great metropolis. Though obliged to earn her living and thereby exposed to the numerous temptations and dangers which constant association with men and women of all grades makes inevitable, she has nevertheless adhered closely to the moral principles inculcated during childhood years. The nature of her employment has been and is such as to forbid the opportunities of marriage presented by the usual social intercourse of men and women. Hence the thought of marriage has been put aside, in consequence of which, an almost constant struggle has arisen between her natural inclinations and desires and her enforced resolutions of conduct of life.

Small wonder, then, that an otherwise physically healthy woman of good, although perhaps somewhat neurotic stock, becomes the victim of an increasingly severe neurasthenia. At the time of the first examination of the case, the following facts and symptoms were brought out: Sadness, inclination to weep, ir-

*Read before the Southern Homœopathic Society, Nov. 11, 1915.

ritability of temper, all worse preceding the menstrual period. No desire to be alone, yet wishes to be undisturbed and not talked to at these times. Abhors consolation, yet feels herself abused and is inclined to pity herself on account of her condition. Feels like weeping quite frequently, yet cannot cry. Before the menses, in addition to the mental symptoms, she complains of tender, swollen breasts, frequent copious micturition which is almost painful, large herpetic spots about the mouth and on the chin, lumbar backache and heavy bearing down sensation, as though she must hold herself together, and relieved by sitting or by lying down. Menses are always too early, usually coming on the twenty-first day, but lately on the twenty-sixth day; menses are painful, at times severely so, with intense cramps, worse before the onset of the flow; are of normal amount and last three to four days; at times, however, are scanty and contain shreddy clots. Appetite abnormally large, yet the patient is underweight, if anything; occasionally craves sweets and is averse to acid or sour things; is fond of meat. Bowels are regular and stools normal; but when tired out has attacks of diarrhea. Sleep is restless, falls asleep with difficulty and then wakes frequently. In the evening is mentally keen and wide-awake, but in the morning is dull and sluggish. Has sweaty feet, especially in summer, although the sweat is not offensive. No other abnormal sweats. Has occasional frontal headaches with slight nausea and a sensation of fullness in forehead. Is hyperopic and astigmatic but wears suitable lenses for correction. The back is very weak; any exertion wears her out very quickly; back gives out and she must lie down to rest; lying flat on the back is the most restful position. The spine is tender, with numerous sensitive spots. Mental concentration is at times difficult; cannot coördinate her thoughts or systematize her work, with discouragement as a result.

This was the symptomatic picture presented. Diagnostically there was nothing of interest on physical examination, although the pelvic organs were not examined.

Treatment has now extended over a period of nineteen months with very gradual response, especially at first, to single doses of natrum muriaticum at intervals of from four to eight weeks and in potencies from the thousandth to the very highest of Skinner and Fincke. A few intercurrent remedies have been given, notably sepia, which is complementary in action to natrum muriaticum and agaricus muscarius, also conium. The latter, together

with calcarea carb. and pulsatilla, has the symptom of tenderness and swelling of the mammary glands preceding the menses; but natrum muriaticum has never been credited with this symptom, so that its disappearance in the case under consideration is at least of interest.

At the present time, the patient is in better health than for years, having occasional dysmenorrhea, only and seldom any backache. She can attend to her labors without undue fatigue and has entirely lost the spinal sensitiveness. The mental depression has left her, also the premenstrual irritability and her mental poise is decidedly apparent. She can now reason philosophically and consider the problems of life in their proper perspective. The sexual unrest is under control, although its instinct is by no means lessened. A happy marriage is within the bounds of possibility, although not certainly assured; but its consideration and contemplation have been made possible by a more normal mentality. No doubt some credit must be given to sane discussion by the patient with her physician, for therapeutic results, yet even these results would hardly have been attained without the assistance of the natrum muriaticum. At all events, the case presents a striking verification of the deep action and power of natrum muriaticum.

Chemistry and Peapods. Pea pods will no longer be a drug on the market, so far as Penn Yan is concerned. Harry O. Bennett and Clay F. Kinyown, of Penn Yan, N. Y., by a series of experiments have developed the fact that commercial alcohol can be manufactured from pea pods with more satisfactory results than from anything else except grain. They have demonstrated that one gallon of alcohol, 98.12 per cent pure, can be distilled from forty-six to forty-nine pounds of pea pods. Officers of the Yates Canning Company, Penn Yan, N. Y., estimate that last year from 225 to 250 tons of pea pods taken from peas which the company canned were destroyed as useless. Messrs. Bennett and Kinyown have contracted to buy from the company this year's output, which will probably exceed last year's crop, at $1.00 a ton. Mr. Bennett, who is a chemist, has invented a process by which the fermentation is greatly accelerated. There will be little handling, and the business can be carried on with a small expense. The partners expect that their plant should produce this year at least ten thousand gallons of alcohol. They had experimented on several other kinds of waste from the canning factory. Alcohol can be distilled from any of them, but not in sufficient quantities to warrant their use.—*Guide to Nature*, Sept., 1915.

THE BEST TECHNIC OF SUPRAPUBIC PROSTATECTOMY*

By James Krauss, M. D., Boston, Mass.

All suprapubic prostatectomies performed at the present time are Freyer operations. I do not say this because Mr. Freyer and I stood elbow to elbow in 1895 watching and comparing notes on the operations performed in St. Peter's Hospital. Mr. Freyer had just returned from East India, where he and Keegan had made for themselves enviable reputations as British military surgeons for performing numerous litholapaxies on children. Poor, paralytic Mr. Heywood was still operating on strictures, and big, burly Reginald Harrison, when not satisfied with the resistance of his operating table, would finish his litholapaxies on the still more resistant floor of the operating room. On the retirement of Mr. Heywood, Mr. Freyer became one of the surgeons at St. Peter's and developed the technic of suprapubic prostatectomy which rightfully carries his name.

I will emphasize this because of the still current, though now only more or less sporadic, contentions that McGill advocated excision of the enlarged prostate by the suprapubic route in 1887, but Freyer's operation is an enucleation, not an excision, and the approach by suprapubic cystotomy might be credited with much more historic fairness to Rossetus, who, in 1590, advocated suprapubic cystotomy for urinary retention; that Fuller operated earlier, but Fuller's is a scissors operation more like McGill's than Freyer's. Guiteras spoils an otherwise excellent treatise on urinary surgery by his uncompromising attitude against Freyer in favor of his colleague Fuller. Squier, the third of the triumvirate of the genitourinary department of the Postgraduate School and Hospital in New York, inverts the Freyer operation by enucleating the prostate from the urethra towards the bladder and calls it an entirely new operation. Kolischer makes a large bladder incision, so as to have visual approach to the base of the bladder and internal urethral orifice, splits the mucosa over the prostate and the movable prostatic sheath, but finally introduces the tip of his index finger for enucleation of the gland and smaller nodules left behind. Lower, falling into line with

*Read before the Bureau of D. and G.-U. Diseases, A. I. H., Chicago, 1915.

his chief's theory of anoci-association, a scientifically unjustifiable teleologic speculation on the mechanics of pain enters into an extensive local anesthesia, *à la Crile,* while the patient is in the throes of general anesthesia, of rings of tissue through which the prostate is to be reached and removed, when time is really the anesthetic of greatest consequence to these old patients.

I will not go into further enumeration of the many additions and modifications of the Freyer operation that have been made in the length and position of the incision; the use of a sound instead of catheter and fluid for the guide of the incision and enucleation; suture or partial suture of the bladder wall; illumination or non-illumination of the intravesical field for incision, excision, enucleation; splitting or not splitting of the movable sheath over the immovable capsule of the prostate before enucleation; avoiding or not avoiding injury to the sheath for fear of breaking into the prostatic venous plexus; staunching or not staunching hemorrhage; actual or prospective, with hot solutions or gauze compresses or hemostatic plugs or balloons and syphon apparatuses, cups and stems and hose attachments, etc., with which the names of Bevan and Judd, Packard and Briggs, Hugh Cabot, Hagner, and many others of both schools of practice are identified. All suprapubic prostatectomies involving enucleation of the prostate are Freyer operations, and I make no exception for the operation, the technic of which I am about to describe, a technic which I consider the best, because it does away with the one technical defect of the operation to which the name of Freyer is rightfully attached.

1. The operator faces the aseptically prepared hypogastric field on the right side of the patient, his assistant opposite on the left. It is not necessary to fill the bladder, but filled or not,

2. An incision is made in the median line of the abdomen, reaching to the pubic arch, from 2 to 3 or 3½ inches at the utmost, in length. The incision is carried through the skin and fascia. The recti muscles are separated with the handle of the knife. Bleeding vessels are clamped, and retractors properly placed.

3. With the forefinger of the left hand introduced into the lower angle of the wound, the prevesical fat and usually unseen peritoneal duplication are stripped off the bladder by

finger nail or sponge and pushed upwards for the whole length of the wound out of harm's way until the whole anterior aspect of the bladder is freely exposed.

4. With the scalpel, the exposed pale white bladder is incised or punctured for about an inch in the vertical direction toward the symphysis, the puncture is made high up in the apex, in an area devoid of the large and tortuous bladder veins. The higher the bladder puncture is placed the better safeguard we have against a possible subsequent fistula.

5. The scalpel is withdrawn and the forefinger of the left hand immediately introduced into the bladder, and, provided there are no calculi to be removed, the finger goes at once into the prostatic urethra. The prostatic urethra, with its line of cleavage at the anterior commissure of the two lateral lobes, offers a more distinct landmark for attack than is offered by prostatic prominences in varying positions in the bladder.

6. The forefinger of the right hand is introduced into the rectum to render the prostate prominent and steady for the enucleating manipulation, which is best begun in the prostatic urethra, the left forefinger entering the line of cleavage of the two lateral lobes at the anterior commissure, following the line of cleavage down laterally, then along the floor of the posterior urethra, and finally upward to the anterior commissure on the other side, between the capsule and the sheath behind and, in front, between capsule and mucosa, but usually the prostatic mucosa is carried along with the enucleated prostate. No instrument, scissors, cutting thimble or hawkbilled finger nail is necessary to penetrate the line of cleavage at the anterior commissure or to scrape through the bladder mucosa over the prominence of a lateral or median prostatic lobe. To insinuate the finger tip in succession behind, outside, and in front of one lateral lobe, between its capsule and the prostatic sheath, and to sweep along in a circular fashion from without inwards, in front of and to the inner side of the lobe, detaching it from the urethra; to attack the other lobe similarly, and finally to peel off the triangular ligament, the inferior surface of the gland, should be the work of but a few moments.

7. The prostate delivered into the bladder cavity, the finger in the bladder presses the tissues covering the prostatic cavity against the underlying tissue held up by the finger in the rectum.

8. The finger in the rectum is removed, freed by an assistant of the glove, and a narrow strip of iodoform gauze, guided by the finger in the bladder, is carried into the prostatic urethra, over or into the prostatic cavity, the outer end drawn to the lower angle of the wound.

9. With the left forefinger still in the bladder as a guide, the enucleated prostate is brought into the external bladder wound and delivered or held to be grasped by forceps and then delivered.

10. The prostate and the forefinger removed from the interior of the bladder,—not introduced and re-introduced at various times, at the will and pleasure of operator and onlooker, as is most frequently done,—the bladder cavity may be further packed with the strip of iodoform gauze hanging from the lower angle of the bladder incision or may be left unpacked according as there may or may not be indication or fear of hemorrhage. The iodoform gauze acts as a perfect drain. No catheter or drainage tube is necessary or used. The bladder is a contractile organ and best drains itself. A drain is an insult to the injured, inflamed contractile bladder. The gauze drain prevents hemorrhage and also prevents urinary infiltration.

11. Two or three sutures through fascia and skin complete the operation.

12. The skin of the abdomen is dressed with carbolized vaseline and the patient sent to bed.

This technic does away with all unnecessary maneuvers and instrumental paraphernalia; is rapid and complete in execution; drains the badder and protects the denuded prostatic cavity with unoffending gauze and reduces the operative and postoperative insult to the inflamed contractile bladder to a minimum.

419 Boylston St.

Discussion

Dr. C. E. Holloway, Des Moines, Ia.: I am very much interested in the technic that Dr. Krauss has described. I wonder if you are familiar with the anatomical classification of Prof. Tandler of the University of Vienna?

The first statement Tandler makes is that we never remove the prostate gland, that what we do remove is a neoplasm of the prostate which is most frequently an adenoma. He describes anterior, posterior and median lobes. He maintains that the adenoma is always of the median lobe, and that cancer comes in the posterior lobe, that the

"capsule" of the anatomist does not exist, that is, there is no distinct capsule around the prostate, and that the "capsule" of the surgeon is simply the prostate gland spread out over the growth; that when you enucleate the neoplasm you simply shell it out of the prostate gland and the gland still remains. He advocates the suprapubic operation in most of the cases.

Dr. Ashcraft, Philadelphia: When I have wanted to look inside a bladder before operation more thoroughly than was possible by means of previous cystoscopic examination, in order to see whether there existed a bladder tumor or a number of very large stones, because of active hemorrhage, or for the purpose of securing preliminary drainage, I have done the suprapubic operation. There are a few points, however, in regard to the technic I follow in such cases that I wish to comment upon.

I start as Dr. Krauss does. The patient is placed in the Trendelenburg position. If the bladder is not already slightly filled with fluid, I inject about sixty cubic centimeters through the catheter. A clamp is then placed on the catheter, which protrudes from the end of the urethra. The incision is now carried down to the prevesical area, where usually one or more veins are met. These are tied off, so as to avoid hemorrhage, which may otherwise be considerable.

A clear vision of the interior of the bladder is desirable and essential in all operations. This may be obtained by incising the bladder laterally, instead of in the direction described in the paper. Then, with the electric light thrown down upon that organ, I am able to see everything, the lateral incision giving one a much wider space. Such an incision is particularly to be recommended if one wishes to expose the orifices of the ureters and it in no way interferes with the subsequent capacity of the bladder or with the actual results.

In connection with these remarks concerning suprapubic prostatectomy, let me say frankly that personally I am an advocate of the perineal route. I am accustomed to this; and the man who adheres to a certain type of operation can accomplish better results with it than he can with an unaccustomed procedure. I have never yet seen a prostate that I could not enucleate by means of the perineal operation. Moreover, the law of gravity assists one to secure drainage more readily when the perineal route is followed than when the suprapubic operation is employed.

Convalescence, too, is more rapid after the perineal operation. We all know that the convalescent period following the suprapubic procedure is very much prolonged; whereas, with the use of the perineal route, one is able to have the patient up and around within a comparatively short time. By employing the technic that I follow, one avoids hemorrhage and obtains irrigation for badly neglected bladders, and is able to cure the case of cystitis more readily than is possible by other methods.

Again, the mortality rate is much less in the hands of those who use the perineal route than with those who employ the suprapubic. In my own experience, taking all the cases that have come to me, the mortality has been less than five per cent.

Of course, I know that suprapubic prostatectomy is popular; but,

on the other hand, some of the best known specialists in the country still prefer the perineal route with very good results.

Please do not misunderstand me. I do not wish to imply that the suprapubic route is not a good one, for I believe it is; but personally. I prefer the perineal route, for the reasons given above.

Dr. Krauss: Tandler means that all prostatic hypertrophies are growths connected with the median lobe, and the median lobe of the prostate is necessarily the posterior lobe. We meet with prostatic growths that jut into the urethra from the rectum and cause posterior urethral and bladder involvement. Then we have growths that jut not only into the lower floor of the urethra, but also into the lateral portions of the urethra, and we have lateral urethral and bladder involvement. The lateral lobes meet just underneath the pubic arch in the anterior commissure and enucleation is easy because, while the anterior commissure is not so distinct that we can readily see it, a finger can easily penetrate between the two joining lobes. Doctor Ashcraft favors the perineal route. For many years I did only perineal prostatectomies. But I have come to the conclusion that only the large dependent prostatic growths are best removed by perineal section. All other prostatic growths are more easily reached suprapubically. We have the advantage of pressure from the rectum to steady the prostate. Of course, many use a catheter, as Doctor Ashcraft says, and many fill the bladder; but these measures are not imperative when the saving of time is of the greatest consequence. Whether enucleation of the prostate removes the entire prostate or not, it must be admitted that enucleation removes the obstruction that causes the vesical retention which indicates the operation of enucleation.

Tandler may be right that the surgical and the anatomical capsules of the prostate are not identical. The capsule of the prostate is closely adherent to the prostate. External to this is the prostatic sheath and between the two is movable cellular tissue. The transverse incision which Doctor Ashcraft recommends is not necessary for enucleation, unless it be desired to make a preliminary visual examination. Visual examination outside of cystoscopy can not be very often necessary, and cystoscopy requires no incision. We are ultimately obliged to use the finger. We might just as well use it from the start. Moreover, I do not believe in stretching the bladder in these cases. The bladder drains itself very well suprapubically by the contractility of bladder tissue. The perineal drainage is a dependent, fixed drainage; the suprapubic opening gives a natural contractual drainage.

Meeting the Malaria Problem. One of the important scientific discoveries made during the year, was in regard to the continuance of the disease from season to season. Over 2,000 anopheline mosquitoes in malarious districts were dissected, during the early spring months, without finding a single infected insect, and not until May 15, 1915, was the first parasite in the body of a mosquito discovered. The Public Health Service, therefore, concludes that mosquitoes in the latitude of the southern states ordinarily do not carry the infection through the winter.—*Public Health*, Jan. 27, 1916.

EXAMINATION OF THE URINARY TRACT BY THE ROENTGEN RAY*

By Walter C. Barker, M. D., Philadelphia

The examination of the urinary tract by the Roentgen ray is limited to the study of morphological changes. The kidney can be definitely outlined and by means of a solution, opaque to the Roentgen ray, injected into the ureter, the lumen of the ureter and the pelvis and calices of the kidney may also be shown. Calcareous masses in the region of the kidney, ureter or bladder will cast a shadow.

The technic followed is to have the x-ray tube so regulated, that a given voltage from the source of energy will stimulate the greatest abundance of Roentgen rays of the proper wave length, to just penetrate the body of the patient. A compression diaphragm is used to exclude all the rays except those that will pass directly through the region to be examined. With the patient in the dorsal position, the region of the right kidney is first radiographed, followed by that of the left kidney, ureters and bladder.

The genito-urinary specialist introduces the cystoscope and catheters into the ureters for pyelography. This is done upon the roentgenographic examination table because the pyelograms must be made while the solution is flowing. A ten per cent solution of collargol is the best solution for pyelography. This is allowed to flow by gravity from a buret that is graduated. Four to six centimeters of the solution will distend the normal pelvis of the kidney. When the patient feels a sense of fullness in the lumbar region, the exposure is made before shutting off the flow of collargol.

The reading of the roentgenograms requires considerable care and study. The shadow of the kidney should be oval and show a clear, smooth outline. The upper pole should extend to the eleventh costal interspace on the right side and the tenth one on the left side. The size of the kidney varies with the size of the patient. The farther the kidney is from the plate the larger the shadow will be. If one kidney is larger than the other the difference should be considered in making the diagnosis. The pelvis of the kidney should not be below the third lumbar vertebra.

It must be decided, when a calcareous mass is found in the

*Bureau of D. and G.-U., A. I. H., 1915. Illustrated by stereopticon.

region of the urinary tract, whether it is in or outside of the kidney, ureter or bladder. If the shadow of the calculus is superimposed upon the shadow of the kidney, subsequent plates must be made with the patient in different positions to try to cast the shadow of the calculus outside of the kidney. If this is not possible a pyelogram will include the shadow of the calculus in the shadow of the pelvis, unless the stone be in the cortical portion of the kidney. A calcareous mass in the cortical portion of the kidney is usually due to inflammatory changes, the nature of which would be revealed in the shadow of the calices. Diagnosis of stone in the ureter must be corroborated by passing an opaque ureteral catheter, or better by the ureterogram, which may show whether the stone be in the lumen or in a pouch beside the ureter.

The normal pelvis of the kidney divides into three subdivisions extending into the parenchyma of the kidney, called the major portion of the calices. Each major portion of a calyx divides into subdivisions which extend farther into the cortex and are called minor divisions of the calyx. The true pelvis of the kidney casts an irregular triangular shadow, with the upper border curving convexly inward toward the spine and then downward to become continuous with the inner wall of the ureter. The lower border of the pelvis curves concavely toward the spine and downward to become continuous with the outer wall of the ureter. The ureter should continue to the bladder without kinks, twists, or constrictions.

Only when associated with pathological changes are congenital anomalies of interest to the welfare of the patient. The most frequent pathology met in the pyelogram is dilatation, which may be due to inflammation or mechanical changes.

When there is a stricture, kinking, twisting or an impacted stone in the ureter the mechanical obstruction will cause dilatation. The first appearance noticed in the pyelogram is a general distention, requiring ten or more cubic centimeters of solution to fill the pelvis. If the distention continues the major portion of the calices will dilate, while the minor ones become obliterated. Further distention will cause the true pelvis to dilate more, and in very marked cases the calices will be entirely obliterated.

Dilatation due to inflammatory changes is the result of destruction of tissue. The minor portions of the calices being less cleansed by the flow of urine are first to undergo necrosis. They then dilate, giving the picture of rounded ends to the major calices. The major portion of the calices may dilate or contract. When

contracted they give a narrow, elongated appearance with the dilated minor portion at the end. The portion of the true pelvis does not show the effects of dilatation so markedly as when the cause is due to obstruction. Only in advanced cases is the true pelvis affected, and it may contract instead of dilate; in either case there is distortion.

When added to the inflammatory changes of the pelvis there are areas of necrosis extending into the cortex of the kidney and associated with the kidney changes, the ureter is strictured, a positive diagnosis of tuberculosis of the kidney may be made.

Renal tumor by encroachment upon the lumen of the pelvis shows calices that are elongated and narrow, the true pelvis diminished in size and a ureter that is misplaced.

There is not the same encroachment upon the lumen of the true pelvis as found in neoplasms in polycystic kidney. A calyx may be obliterated but the true pelvis, except for a change in its axis, may not be affected.

As corroboratory to diagnosis of pathological changes in the urinary tract, the value of the Roentgen ray cannot be overestimated. It is of especial value in localizing calculi and in differentiating tuberculosis of the kidney from inflammatory changes due to other causes.

Carbon Monoxid in the Garage. The danger of death from the inhalation of the fumes of carbon monoxid gas, given off by auto engines running in tightly closed garages, is a real danger, emphasized by recent deaths in this city.

As a preventive measure every garage should be provided with a pipe passing to the outer air which can be slipped over the exhaust when the car is in the garage.

The danger is practically the same as that caused by certain gas water heaters in unventilated bathrooms.

The carbon monoxid on inhalation forms such a firm union with the red blood corpuscles that they are unable to perform their normal function of taking up and carrying oxygen to the tissues. Death results from lack of oxygen.

A new treatment, consisting of bleeding freely and replacing the blood abstracted by fresh blood from a healthy individual, has saved at least one life at the County Hospital. It is worth trying in such cases.—*Chicago Health Bulletin.*

URETHRAL DIVERTICULA*

By Curtiss W. Ginn, M. D., F. A. C. S., Dayton, Ohio,
Surgeon Miami Valley Hospital

This paper will deal with but one phase of diverticula of the urinary tract, i. e., the urethral. As diverticula of this portion may be divided into the congenital and acquired, in order to still further contract the field, the acquired type of membranous or prostatic alone will be considered.

The cases studied are few, but it must be remembered that the number apparently is not great, possibly through lack of recognition, and that the literature on this subject is very meager.

Keyes does not recognize the acquired type, as he mentions only congenital diverticula.

White and Martin state that diverticula may be congenital or acquired, that the latter develop in the floor of the urethra, are usually found just behind the glans penis and are due to the absence of erectile tissue, from ulceration or abscess formation with subsequent pouching of urethral mucous membrane.

Searching current literature for the past two years resulted in finding nothing written on this subject. Textbooks on gynecology speak of the condition of acquired diverticulum in women under the head of Urethrocele.

The etiology is not very clear, but following as it often does the perineal operation for enlarged prostate and the pouch being lined with a smooth mucous membrane, macroscopically similar to that lining the urethra, it would seem that the membrane must have covered the walls of the cavity left by enucleating the prostate before the cavity had contracted or granulated up to the level of the canal. However this may be, the question is one of academic interest. The main issue is the restoration of a useless member of society.

The symptomatology is brief,—seeping of urine after micturition. This may be from the meatus or from a perineal fistula. Burning during urination referred to the end of the penis, edema of the meatus and decubitus ulcer of the glans (these last two symptoms are due to the constant wearing of a urinal) may also be present.

The following history is typical of the condition, barring some of the operative procedures:

Male, aet. 63, white, married, millwright by trade, never been

*Read before the S. & G. Society, A. I. H., 1915.

ill in his life except for an attack of typhoid fever when a boy, denies any venereal infection, three years ago had an attack of urging, with inability to urinate; at the expiration of some hours was catheterized. After that day was never able to empty his bladder successfully, and in a year's time began using a soft rubber catheter three times daily. One day six months later he broke off 3 inches of a No. 9 catheter in the deep urethra. Manipulations failing to relieve him, in 24 hours he was operated by a competent surgeon who failed to find the broken catheter, but removed an enlarged prostate by the perineal route. He left the hospital with a seeping perineal fistula, practically all the urine passing from the fistula during urination.

The condition persisting, in six months a skiagraph demonstrated the broken, salt-encrusted catheter and a large vesical calculus. These were removed by a suprapubic incision which promptly healed and left the perineal condition as before.

In the interval between his prostatectomy and the skiagraph, he was cystoscoped by a man of some experience, but neither the stone nor the catheter was seen. Perineal section done in six months showed the perineal sinus leading to a diverticulum of the prostatic urethra, holding approximately three ounces and lined with mucous membrane. This evidently was the bladder that the cystoscopist examined. The sphincter of the bladder seemed intact. The seepage was caused by the diverticulum filling with urine during micturition and seeping away slowly until urination again filled the sac. By carrying out the method of enucleation and repair first proposed by Cabot and advocated by Lower in the treatment of bladder diverticula, the perineal fistula promptly healed and the patient is fitted to make his livelihood again.

The diagnosis in these cases consists first in a careful history, objectively the draining of a variable quantity of urine from the deep urethra immediately after urination has taken place. The urethroscope in the proper hands would probably materially assist. Injection of the urethra with a collargol solution or a thin bismuth emulsion followed by a skiagraph, is the most certain method of gaining information.

The treatment is wholly surgical and consists of six steps:

1. Exposure incision which is perineal.

2. Opening the sac by a small incision or utilizing the fistulous opening into the urethra for the introduction of narrow gauze strips with which the diverticulum is tightly packed.

3. Enucleation of the sac from the surrounding strictures. This is rendered comparatively simple by step No. 2.

4. Closure of the urethral opening by chromic catgut sutures, preferably No. 0, and small curved round needle.

5. Dissection of scar tissue in perineum, careful hemostasis and building up perineum by buried catgut sutures.

6. Skin closure.

A permanent catheter has usually been introduced, at first retained for 9 or 10 days, but in some cases it stops up promptly in spite of carefulness in clearing it and has been removed early without marring the result. In no case has union taken place without some seepage from the perineum; as a rule, however, this lasts but a week, and if the perineal suturing has been accurate the ultimate result is all that could be desired.

Summary:

The acquired type of urethral diverticula may be divided into those of the penile and those of the deep urethra.

The latter type are found usually as sequelae of perineal prostatectomy and are characterized by seepage of urine after urination.

The clinical history, inspection and skiagraphy following collargol or bismuth emulsion constitute the diagnostic triad.

The treatment consists of enucleation of the diverticulum, suture of the urethra, perineal structures and skin.

Perineal seepage usually recurs for a few days without influencing the ultimate good result.

Diabetic Foods. Food Inspection Decision No. 160 fixes a limit to the amount of starch and sugar that may be present in certain gluten products and diabetic foods, and also fixes the amount of nitrogen that must be present, and makes requirements as to moisture and other constituents. Although most foods may be suitable under certain conditions for the patient suffering from diabetes, the term "diabetic," as applied to food, indicates a considerable lessening of the carbohydrates. A diabetic food contains not more than half as much glycogenic carbohydrates as the normal food of the same class.

DIET IN MIDDLE LIFE AND OLD AGE*

By Edward Beecher Hooker, M. D., Hartford, Conn.

It was my privilege at the meeting of this Society at Atlantic City last year to devote the main portion of the presidential address to the consideration of the problems of maturity and old age. The agent of the Associated Press, assigned to report the proceedings, coined a phrase giving what he considered the keynote of the address, viz.: "Eat less and live longer." This catching headline attracted attention all over the country and elicited editorial comments in many papers. Some of these are interesting and worth reproducing.

During the past year I have made further studies and observations along these lines and am more impressed than ever with the fact that middle-aged and old people are apt to eat too heartily. It is safe to say not only, "Eat less and live longer," but also, "Eat less and live more comfortably and efficiently." I am continually having patients over fifty or sixty years of age coming for relief from ailments which can be clearly traced, in many instances, to overeating. These patients are usually too stout, but not always so, short of breath on moderate exertion; suffer from indigestion, with excessive formation of gas, constipation and poor sleep. Their blood pressure is almost invariably high and a certain per cent have interstitial nephritis.

They are often, but not always, indolent physically and take far too little exercise. Headache and dizziness are common symptoms. Sometimes the face is pale and sometimes flushed. They often say they have nervous prostration and that they are anemic, and in many cases their previous physicians have called them anemic, and treated them with iron and other tonics to enrich the blood. The error of mistaking hypertension for neurasthenia is exceedingly common, and a diagnosis of anemia should not be made until the test for hemoglobin shows it is actually deficient. These points cannot be too strongly insisted upon. While the selection of the homœopathic remedy may possibly be accurately made under an erroneous diagnosis, the hygienic and dietetic treatment cannot be correctly established under such a condition. We are not doing our full duty if we confine ourselves to medicinal treatment alone, however accurate that may be.

Another fact impresses me more and more, as experience and observation increase. Many cases of indigestion cannot be per-

*Nat'l Society of Physical Therapeutics, 1915.

manently benefited either by drugs, however carefully selected and administered, or by diet and hygiene in addition, because there is a disease in some organ which can be overcome only by surgical or mechanical means. A chronic appendicitis in the young and gall-stones in the middle-aged are illustrations of such cases. Ptosis of the stomach and transverse colon are further illustrations. Hereditary or acquired syphilis in the tertiary stage is the underlying cause in some of the cases, and may exist when the character of the patient and the social environment would seem to make such disease impossible. These patients are usually women, innocent of immorality themselves, the unsuspecting victims of husbands who have been licentious before marriage or unfaithful after it. A reformed rake may make a good husband, but he is very likely to be a dangerous one.

In order to determine the diet suitable to middle life and old age, it would be helpful if it were possible to ascertain the cause of old age, that is, the reason why the tissues of the body deteriorate and degenerate, with consequent impairment of function. Why do we not forever remain young though ripe in years? These questions are difficult to answer. It has been determined that degeneration in the ductless glands, the thyroid, adrenals, the pituitary body and other glands, are responsible for senile changes, and of these the thyroid is the most important. It would seem, then, that a man is not as old as his arteries, but as his thyroid. The increase in connective tissue and deposit of lime in the arteries and other tissues is preceded by increase in connective tissue and decrease of colloid substance in the thyroid. This, however, only puts the cause of old age one step further back. Why does the thyroid degenerate?

The entire body is made up of cells and, as these are worn out, they are replaced by new ones, so that the body is from time to time entirely renewed, yet it possesses the familiar form and features of the old body; and the mental characteristics, the emotions and the memory remain as before. The personality remains unchanged, notwithstanding the renewal of all the cells of the body. Under these conditions, it might be expected that there would be no degeneration and no death. Yet such continuation of integrity of tissue and of life is contrary to all nature, even when no disease process sets in. The best explanation that at present can be given is that there is evolution in the cells themselves, that as aging progresses they become less and less able to perform their various functions. Indeed, microscopical examina-

tion discloses changes in the cells, slight at first, as time goes on, until degenerate senile cells have replaced the youthful ones at the other extreme of life. But this again puts the cause of aging just a step further back and does not explain why the cells themselves degenerate. "We know very little of the properties of cells. They have the power of selection of nutrition, of assimilation, of excretion, of growth and reproduction, and some have power of motion. The *why* of their activity is as much a mystery as is the source of their vitality." (Nascher.) The fact is, in the last analysis, we do not know what life is and when we analyze the body and reduce it to its simplest forms, the cells, we are no nearer the solution of the mystery.

There are, however, many things which we do know, and these are largely the result of experience, observation and deduction. Whether the aging process begins in the arteries, the thyroid, or the cells of the tissues, we have learned that certain things are deleterious to health, inimical to life and accelerate the coming of old age. The thyroid is particularly susceptible to some of these influences and its degeneration is followed by arteriosclerosis and increased blood pressure. Among these harmful influences are the infectious diseases, excesses of all kinds, such as sexual excesses, the excessive use of alcohol and tobacco, and over-eating, particularly of animal foods. The occasional examples of very old people who have used tobacco all their lives are exceptions which do not prove the rule, but illustrate an unusual tolerance on their part to nicotin.

After considerable circumlocution we come back to our starting point, that over-eating is common and especially harmful in the latter part of life, and that moderation is the basis of health and longevity. Moderation does not mean indolence, by any means. Activity is essential to health for ourselves and usefulness to others. Not only do those of advanced years need less food than in earlier life, but they need less nitrogenous food, especially animal food, for all replacement is less active. The foods which are burned and produce heat are most needed, unless obesity exists; the sugars, hydrocarbons and carbohydrates, especially the fruits, should form the largest part of their diet, producing heat and aiding bowel action, constipation being one of the common troubles of old age.

The problems of actual old age are not, however, those which I have especially in mind. The preservation of the health of mature and middle-aged persons deserves most serious considera-

tion. While the average length of life has appreciably increased, the gain has been very largely due to decrease in infant and childhood mortality. The expectation of life of individuals over forty-five years has actually decreased. The diseases of the development period have become less fatal; those of the degenerative period more so. Active, highly useful men and women, between forty-five and sixty, or even younger, break down at the time of their greatest capability, when they ought to be able to work efficiently for fifteen or twenty years more. There are many causes for these break downs, and this bureau is not the place to discuss them; but unquestionably over-eating is one of them, not only over-eating, but indulgence in improper food, eating at improper times, without sufficient mastication. Alcohol and coffee often play a part in stimulating the man, or woman as well, to keep up the pace, whether it be of strenuous work or equally strenuous social activity. They should be prohibited in such cases. While alcohol is in such cases harmful, yet it must be admitted that moderate use of alcohol seems to be of benefit to really old people, usually in the form of wine with meals. Finally, I repeat with emphasis, "Eat less and live longer."

I have a number of records which illustrate the methods of handling such cases. Two of these are herewith presented in some detail.

G. H. W., May 2, 1914. 48 yrs.; weight 296; height 5 ft. 10. At 20 yrs. weighed 150; at 30 yrs., 200; at 35 yrs., 235; at 40 yrs., 270. Good health until past 3 mos.; now has dizziness, indigestion with much gas, constipation; belches with relief; seldom passes gas by rectum. Normal heart, pulse 72; blood pressure 162 mm., hemoglobin 95% (Dare). Urine normal. Nothing abnormal disclosed by physical examination beyond the obesity. Put him on a strict diet, the main features of which were a minimum quantity of starch and sugar, plenty of fruit and green vegetables; meat, eggs, fish; no made desserts, no thick soups, little water at meals, but five tumblerfuls per day. He was allowed one potato and 2 slices of bread and butter per day. The weight decreased as follows:

May 2	296	June 27	272½	Nov. 1	244¼
" 9	292½	July 4	270	Dec. 1	241½
" 16	288¾	" 11	268¾	Jan. 1, 1915.	234½
" 23	285½	" 18	264½	Feb. 1	230
" 30	281¾	" 25	263½	Mch. 1	239
June 6	279¾	Aug. 1	262	Apr. 1	227½
" 13	275	Sept. 1	254½	May 1	225
" 20	276	Oct. 1	250	June 1	224

Digestion, bowel action and general vigor have markedly increased and he has not felt so well in many years. The dizziness soon entirely ceased.

A. H. G. March 20, 1914. Unmarried; always lived a moderate, temperate life; vigorous, lean and sinewy; good health, but troubled with constipation. Recently, frontal headache, with pressure and indescribable distress and confusion, dizziness, and tinnitus in right ear. Digestion becoming affected, poor sleep, wakes too early, strength not so good as it was. Never urinates at night. Skin good color, dirty greyish tongue, pulse 82, arteries becoming calcified, blood pressure 210, hemoglobin 100% (Dare). Normal heart and lungs. Right ear full of hardened wax. Urine clear, pale, acid, 1014, no sugar, no indican, contains albumin and finely granular casts.

Diagnosis: Interstitial nephritis, with arteriosclerosis and high blood pressure.

This patient required exactly the opposite diet from the previous one. Meat was forbidden and he was placed on a diet of vegetables, fruits, grains and milk, and was given autocondensation twice a week, 500 milliamperes. He gradually improved in digestion, head became clearer, the dizziness ceased and blood pressure fell to 170 and has remained between 150 and 170 for the past year. While the nephritis is not cured and never will be, he is comfortable and efficient. The electrical treatments were gradually given less frequently, but he still comes at least once in two weeks.

The first case, I treated exactly on the lines which Dr. G. Carroll Smith indicates in his book, *What to Eat and Why*. The man looked anemic, obesity with anemia. He occupied an important position at one of the large terminals. He became so stout he was afraid he would lose his job. With admirable persistence, for a year or more, he has weighed himself every day, written down every item of food eaten at each meal, and once a week has sent me a report. There is a faithfulness that deserves a reward. I went over the report each week and corrected his diet from time to time. I have recorded the decrease in weight, first by weeks, and then by months. Note that during May, June and July he lost thirty-four pounds. The loss after that would naturally be smaller. I set out to reduce him to about two-hundred-fifteen. I doubt if I shall be able to reduce him much lower than his present weight, two hundred-twenty-four, because he is now on a very strict diet. One interesting thing about this case is that instead of losing strength, he has gained. He wrote me recently that he had only one complaint, he had been obliged to spend over fifty dollars in having his clothes altered. You will note that from May 2, 1914, to June 1, 1915, he gradually lost seventy-two pounds, but with increase of vigor, and has not felt so well in many years.

The second patient looked anemic, but the hemoglobin test showed the blood to be in excellent condition. But here we have

a typical case of arteriosclerosis. This man should be handled in a manner exactly opposite to that of the man who weighed two-hundred-ninety-six. He is in pretty good condition as to constipation. His blood pressure has come down. While the nephritis is not cured, the functional activity of the kidneys is as good as it was, and I think it will continue so for some time.

Discussion*

Dr. Pearson, Philadelphia: I have now, under observation, a diabetic case in which there were two characteristics, the worrying and with the worrying an excessive desire for salt. I simply speak of this, because in the tables, salt is permissible. The simple removal of the salt, because the worry could not be removed, has led to a wonderful improvement in the physical condition of the man, a man sixty-eight years old with tremendous mental and financial responsibility. Of course, he has had in conjunction with this salt limitation, dietary restrictions but not any of marked importance, because as soon as I took off the salt and put him upon the remedy, it seemed as though I had selected the diet that was needed for the case, and he was a man of good judgment and he worked along that line.

Dr. Dieffenbach, New York City: The studies of the x-ray men in tuberculosis show conclusively that in nearly all cases of tubercular joint disease and in most cases of pulmonary tuberculosis there is an absence of lime salts in the bones. On the other hand, people who work in lime kilns rarely have tuberculosis. A healed tubercular lesion is composed of calcium phosphate. The relationship between tuberculosis and lime is therefore a factor of great value in our dietary. When, therefore, we consider demineralization of food, is it not possible that our civilization has something to do with the increase of tuberculosis? The Indian in a wild state, living on natural food, has no tuberculosis. As soon as he gets civilized, moves into a hut, drinks whiskey, eats the ordinary baker's bread, which is practically valueless as a tissue food, he becomes demineralized, a prey to tuberculosis.

Dr. Hooker's paper is a valuable contribution to dietetics. Most of these patients have atrophy of the skin. Their sweat glands do not functionate; they become fibrous. Capillary fibrosis takes place in old age and toxic conditions usually follow. The autocondensation current produces a mild, insensible perspiration with increased elimination. It is quite possible that through the technic given, five hundred milliamperes, the body is relieved of much toxic material which is the basis of senility and degeneration.

There is one question I would like to ask Dr. Mitchell. Inasmuch as injury to the stalk between the hypophysis and the infundibulum of the pituitary body causes diabetes, and inasmuch as these sufferers from hypopituitarism also develop obesity, is not this connection between obesity and diabetes rather close? Are not the well known le-

*Discussion of Dr. Hooker's paper and also of Dr. Sutherland's paper, *Food as a Cause of Disease, Jour. A. I. H.*, August, 1915, p. 114, and Dr. Mitchell's paper, *Diet in Diabetes, Jour. A. I. H.*, December, 1915, p. 610.

sions in the islands of Langerhans found in diabetes associated with this distinct lesion in the pituitary body? It has been found in animals with injury to the stalk of the pituitary that the carbohydrate tolerance is increased by feeding pituitary extract. Would Dr. Mitchell consider it rational to try administration of pituitary extract in small amount in refractory cases of diabetes, this procedure being used in addition to our usual dietary measures?

Dr. King, Washington: Has Dr. Mitchell observed cases of diabetes treated with the static current? Dr. Margaret Koch of Minneapolis has conducted one or more cases of diabetes successfully with static treatment.

Dr. Mitchell: There has been a great deal of experimental work in the various research laboratories on the possible relationship between the pituitary and diabetes. Jewett of Rochester, N. Y., has written an excellent article on the relationship between the pituitary and diabetes insipidus, but that there is any relation between it and diabetes mellitus, I am not convinced as yet. Glandular therapy would have to be done under rigid control before we would be warranted in drawing any conclusion. In regard to static electricity, the same is true.

I have watched diabetes for a good many years and I have sometimes come to the conclusion that I do not know as much about it as I did twenty-five years ago. It is very peculiar and subject to ameliorations and exacerbations that are utterly beyond our comprehension, unless diabetics are liars, and I know some of them tell the truth. I do not want to rely on any one therapeutic agent, to the exclusion of the very carefully considered diet. The great difficulty is to hold the patient to the diet. That is why I sometimes send my own patients to an institution. When a patient is under lock and key, so to speak, something can be done.

My Philosophy. I have always refused to look at life as anything excepting a good game of sport, with its proportion of good losers and bad losers among my friends.

Would you like to know right now everything you will ever know? Yes! That would spoil the game! You are not a good sport!

If we knew everything at once it would be like playing a game of cards backward after the game was over. There is no sport in that. There is great sport in playing the game of life if one plays fair.

There is, to be sure, such a thing as luck, but man does not call it by that name unless it is going against him.

* * * * *

Which pays best, goodness or badness? Any one who is bound to put the question upon a payment basis is himself bad.

* * * * *

I would rather have dogs and babies run to me instinctively, than to have a press agent succeed in working into "the society columns' an impression that I was really on the inside with the exclusives.

—*Selected.*

PUERPERAL ECLAMPSIA—CASES REPORTED*

By E. P. Mills, M. D., Ogden, Utah

Puerperal eclampsia has a long if not an honorable career. Hippocrates gives a vivid description of the condition. No condition that may confront a doctor is more fraught with danger, nor is there any emergency which the accoucheur has to meet which requires more skill, or demands quicker action, than this manifestation of toxemia of pregnancy.

The frequency with which eclampsia is met is variously estimated by different authorities. DeLee puts it as 1 in 600; Edgar from 1 in 250 to 1 in 500 confinements. My personal experience yields 6 in 450, 1 in 75. Primiparas are three to one more liable to be afflicted than multiparas. DeLee says that statistics show that the prognosis is more serious in the latter, and then goes on to state that his experience does not coincide with statistics.

There is no definite knowledge as to the cause of eclampsia, none that meets with general acceptance. The most plausible theory is that it is a "toxemia, some poison circulating in the blood, which produces necrosis of the liver, and, directly or indirectly, degenerative changes of the kidneys, and also convulsions by direct toxic action on the anterior cerebral cortex." The likelihood is that the whole picture of toxemia of pregnancy from the nausea and vomiting of the early months through all the pregnancy, including the kidney of pregnancy, the enlargement of the thyroid, the various mental and nervous states up to eclampsia, is essentially one thing in varying degrees, the underlying cause of which appears to be acidemia. Immunity is a great subject and has many ramifications. Is it not true that every woman who goes through the stress and strain of a pregnancy acquires more or less of an immunity against this particular form of intoxication? This would account for the great preponderance of eclamptics in primiparas.

The prognosis is always grave. It is usually given as 20%. It is most serious when the eclampsia comes on during pregnancy, less so when it appears first during labor, and most hopeful when postpartum. DeLee, however, says that his worst cases have been postpartum cases, which statement agrees with my experience.

The severe physical and nervous strain of a long labor is con-

*Obstetrical Society of A. I. H., 1915.

ducive to eclampsia. My own mortality reached 66-2/3% in mothers and 33-1/3% in infants.

The treatment recommended by different authors, while agreeing in the main, varies in detail. All agree that the primary thing to do when eclampsia appears, either during pregnancy or labor, is to empty the uterus as quickly as possible. Another thing in which all agree is to push eliminative treatment. The use of chloroform, given first place by Edgar in the control of the convulsion, is to be mentioned only to be condemned. Chloroform is dangerous in itself. The convulsions are too short to be affected by it; its action on the liver only adds to the burden which that organ is carrying. Veratrum viride finds its place in most essays, and when pushed to its physiological effect is worthy of confidence.

With this preliminary, herewith is presented my personal experience.

Case 1. 110th *confinement.* Mrs. D., aged 30, 4th pregnancy. Early in April was engaged to attend; was told of bloating and scanty urine. Urine heavily loaded with albumin. Diet and treatment instituted. Saw the woman once; there was much edema about limbs, the face sallow and unhealthy. She lived over twenty miles away in the mountains. Labor came on prematurely May 4, 1907. Male child born at 8:30 a. m., long before my arrival. Patient had a convulsion soon afterward and became unconscious; had a third one just after my arrival and died. Baby lived.

Case 2. 113th *confinement.* Mrs. G., aged 39, 9th pregnancy; had a history of trouble at other births. I saw her first when called to attend on June 15, 1907. Delivered at 9:55 a. m., female child, cord three turns around the neck. Patient complained of headache and darkness before completion of third stage and soon lapsed into unconsciousness. First convulsion at noon, another at 12:30 p. m., another at 3:15 p. m., another at 3:30 p. m., and died at 10:30 p. m. Urine obtained during the day was albuminous. Baby lived.

Case 3. 352nd *confinement.* Mrs. F., aged 41, 12th pregnancy. This woman is an epileptic; was seen by me early Monday afternoon, Sept. 8, 1913; seven months pregnant; had had a convulsion on previous Friday evening and had been unconscious the most of the time since, with recurring convulsions; family thought condition due to epilepsy and no physician was called. She was sent to hospital and reached the operating room at 5 p. m., Cesar-

ean section at 5:15 and a female child delivered; operation completed at 6:05, including ligation of both tubes. Normal saline and soda bicarbonate solution administered by drop method per rectum. Hot packs and a spot light of a hundred candle power was arranged under blankets. The next morning patient was semiconscious, was perspiring freely, had voided urine twice during night, was partially blind. Recovery was rapid and uneventful. Highest temperature, 101.4°, the morning after operation. Urinalysis on the 9th showed abundant albumin, fine granular casts, blood cells and squamous epithelium. On the 10th, same with addition of pus cells. On the 13th, urine reported normal. The baby lived until 6:40 p. m. of day of delivery. The patient left hospital on the tenth day, and rode home sitting in an automobile.

Case 4. 371st *confinement*. Mrs. D., aged 20, 1st pregnancy, had gone over expected time; some three weeks before had started in with pains which continued during one night. Up to this time urine was normal. When seen, Dec. 19, 1913, face was slightly bloated. She reached the hospital at 3:45 a. m. and walked to third floor. Labor was slow and at 12:45 p. m. a female baby weighing 8½ lbs. was delivered by forceps under ether anesthesia. At 1:30 p. m., without coming out of anesthetic, she had the first convulsion. Others came on at 3:40 p. m., 4:20 p. m., 7:30 p. m., 10:30 p. m. and midnight. The next day convulsions occurred at 12:30 a. m., 1:30 and 5:00 p. m.; patient died at 5:40 p. m. Hot packs, saline and soda solution per rectum and intravenously, veratrum viride hypodermically and chloral per rectum were used in treatment. Cuprum arsenicosum was prescribed. Urine was albuminous and contained casts. Baby lived and thrived.

Case 5. 374th *confinement*. Mrs. T., aged 39, 7th pregnancy. Called first on the evening of January 2, 1914. The woman was seven months pregnant, bloated about face and limbs, had been passing only small amount of urine for some time; complained of severe headache, more or less blindness, seemed partially unconscious. Patient was put to bed, apis prescribed, and drinking of as much water as possible. Recognizing a pre-ëclamptic state, I was not surprised to get a call about five next morning. Patient had had a severe convulsion and had two more before we could get her to hospital. Cesarean section began at 8:15 a. m., girl baby weighing 4 lbs. delivered, and operation including section and ligation of both tubes completed at 8:59.

Patient left table in good condition, closing pulse of 88. Hypodermoclysis of normal saline during operation. At 11:45 a. m., a severe convulsion lasting three minutes, and another one at 12:30 p. m. Hot packs, electric light, all the water that could be given and veratrum viride, fifteen drops hypodermically every hour. Pulse came down to around 70. One ounce of urine obtained with catheter at 4 p. m. Emesis of very large amount of yellow fluid at same time, free perspiration. Patient partially conscious at 7:45 p. m. Half ounce of urine withdrawn at 8 p. m.; three ounces at midnight. Veratrum stopped when pulse dropped below 70. The next morning the patient was conscious, bowels open and from then on convalescence uneventful, no fever or any backset. Urine normal by Jan. 15th. Baby very weak and failed rapidly. Mother's milk seemed to act as a poison; was able to get a small amount of human milk from another mother in hospital and baby slowly gained. Mother left hospital at end of two weeks; babe some ten days afterward. We were able to obtain wet nurse for part of time and babe was thriving. Had solved nutritive problem, only to lose the child at five months from bronchitis.

Case 6. 424th *confinement*. Mrs. S., aged 23, 1st pregnancy. First seen on evening of Dec. 6, 1914. Seven months pregnant, face and limbs bloated. History of chorea as a girl which recurred when pregnancy began. She got better, but the last month or six weeks it was again in evidence, and she was getting progressively worse; required constant restraint of two people to keep her on bed. Speech was almost impossible. There was a severe diarrhea, wanted doors and windows open, complained of smothering. Gave cuprum arsenicosum. During the night she became unconscious and choreic movements were more like convulsions. Urine obtained was bloody and albuminous. Patient sent to hospital and Cesarean section began at 6:55 a. m., a girl baby weighing 3½ lbs. delivered and operation completed at 7:25 a. m. Patient had to be tied to the bed; in addition to the restraining sheet, hands and feet were also fastened, with constant attendance of nurse to keep her on the bed. Morphin, chloral and passiflora were all tried to lessen violence of movements; eliminative treatment was pushed. Convulsive movement continued violent, chewing of tongue, frothing at mouth noted on chart. After midnight patient more quiet and had some sleep. The next day restraining bandages were removed, and no more severe convulsive movements. Breathing was bad at all times and

at 6:30 p. m. death came. Baby was resuscitated with great difficulty and lived only four hours.

This record is not given because it is brilliant or one that reflects much credit on the recorder, but because we can learn more from failure than from success. In reviewing the cases there are certain mistakes apparent to me. In the first case, the woman ought to have been ordered to a hospital at once, and if after a few days of diet and care the condition of the urine did not improve, labor ought to have been induced. Under the circumstances it is hard to see what more could have been done in the second case. The third terminated successfully, so it needs no comment. The fourth case brings up an interesting point. Urinalysis up to the time of false pains at about the time pregnancy should have ended showed nothing out of normal. After that time, until labor really began, no sample was furnished. This was the first mistake, and is a condition for which the physician has many excuses, but the blame is there just the same. The question as to what ought to be done in those cases of prolonged pregnancies is an interesting one. There is little question that some cases do go over the usual two hundred and eighty days, and also that there is an accumulative toxemia. Such cases ought to be watched very carefully and labor induced if anything out of the way comes up. The fifth case was very satisfactory, and the only question raised in my mind is whether a vaginal operation would have been better. The answer to that must be based on the experience of the operator. One familiar with operating through the vagina would probably prefer it. The last case was an extremely interesting one. Was it eclampsia? Was the best thing done for her? It would have been very difficult to have terminated pregnancy in any other way, and it is my belief that a speedy termination was her only hope.

The one thing to be done for all cases of eclampsia beginning before labor is complete, is to empty the uterus as rapidly and safely as possible. If suitable hospital facilities are at hand, it seems to me that there is no question that Cesarean section is the operation of choice. It requires no more skill or experience than a high forceps delivery, and it certainly is much less dangerous to the mother than a forcible dilatation, and extraction by forceps through an imperfectly dilated canal. Sepsis is a thing to be dreaded in eclampsia cases, and a clean-cut abdominal operation is to be preferred to a bruised and lacerated birth canal.

CIMICIFUGA*

By Ella M. Tuttle, M. D., New Berlin, N. Y.

Cimicifuga, or actæa racemosa, is a perennial belonging to the crowfoot family. It has many common names, black cohosh, black snake root and bugbane. Our tincture is made from the fresh root.

Black cohosh was highly prized by the Indians for its medicinal qualities. They used decoctions for female troubles and rheumatism. Bartholow recommends it for rheumatism, dysmenorrhea and some forms of nervous troubles. The eclectics use it for the same group of diseases, but more extensively.

Hering's Condensed Materia Medica gives the credit of the first proving to Dr. Jacob Jeanes of Philadelphia, one of the founders of the Institute and presiding officer at its second session in May 14, 1845. Hering's Guiding Symptoms names as prover, H. M. Paine. Dr. Paine made a further proving in the 80's for the Cyclopedia of Drug Pathogenesy. Although several women assisted in the proving, they developed no symptoms of the generative organs.

Cimicifuga acts primarily upon the brain and spinal cord and through them upon the entire organism. Cowperthwaite says, "It produces a universal depressive irritant condition which indirectly extends to the muscles and the female generative organs." On the mind the drug produces great depression as though some dreadful calamity were impending. The patient talks of suicide but rarely attempts it. She fears death too much, and, if she should attempt it, will make sure that some one knows of her intention so that she may be rescued. She is very loquacious and constantly changing from one subject to another.

A curious sensation was reported by some provers "as though the vertex opened admitting a stream of cold air." Severe headache extending to the eyes, worse on motion but relieved in the open air. Aching in the eyeballs, which are sore on turning (bryonia, gelsemium). Pain that comes up the spine and settles over the eyes and ears; roaring in the ears, pressing outward of malar bones.

In the female generative organs, cimicifuga is often helpful, though many of our most valuable symptoms here are clinical. There is a pain shooting from side to side in the uterine region,

*Abstract of paper read before the Bureau of Materia Medica, A. I. H., 1915. Published in the *North Amer. Jour. of Homoeopathy*, Sept., 1915.

or pains shooting upward from the ovarian region. Menses delayed, scanty or suppressed, or the menses may be profuse with bearing down pain and severe headache. Hysterical or epileptiform spasms at time of menses. The more profuse the flow, the greater the suffering.

In pregnancy there are sharp pains across the abdomen, nervous insomnia; abortion threatened at the third month (sab.); great distress in the first stages of labor. The patient is irritable and almost insane with pain, throws herself from side to side and declares, "Something must be done." A few doses of cimicifuga will often quiet the patient and she goes on bravely with the rest of the labor. There may be nervous shivers (acon.), twitching of the muscles; convulsions seem imminent. Some physicians recommend for two months before term a daily dose of cimicifuga, either alone or combined with viburnum and pulsatilla, claiming that at labor the pains are less distressing and that it has a good effect upon the vitality of the child.

Cimicifuga produces sharp pains in the region of the heart and through the entire chest, with numbness of the left arm, which feels bound to the side. There may be cold sweat, livid face, irregular trembling pulse (angina pectoris). Pains in the right side of chest, worse from motion; cries out with the pain.

There is sensitiveness of the spine especially in the cervical and upper dorsal region; head and neck retracted. Severe aching in the lumbar and sacral region. Rheumatic pains in the joints, soreness and rheumatic pains in the belly of the muscles, trembling and uneasiness of the limbs; constant motion of left arm (chorea); general bruised feeling of whole body. Sleep is restless, must change position often, or there may be insomnia; jerking in sleep; dreams full of trouble.

These are a few of the symptoms that should lead us to think of cimicifuga in our prescribing. Two clinical cases are submitted from my own practice.

Miss S., unmarried, age 20, brunette, large, muscular, had done much hard work on a farm, complained of pressing pains in the head, especially in the occipital region, sometimes pains coming up from spine to occiput and vertex; soreness and shooting pains in the back, disturbed sleep, scanty painful menses, often delayed. At the menstrual time she had attacks of unconsciousness, when she would toss from side to side and clutch at the occiput as though in agony. Cimicifuga entirely stopped the semiconvulsive attacks and relieved many of the other symptoms

though other drugs, as belladonna, with the cautery, had to be used before the spinal irritation was entirely cured.

Miss W., unmarried, 35 years old, had worn a pessary for 15 years, had profuse menstruation with severe aching in the sacrum and across the pelvis, seemed dazed at times and declared she would go crazy with the pain. On local examination, I found the uterus prolapsed and retroverted, cervix eroded from the irritation of the pessary, left ovary prolapsed and extremely sensitive. I referred the patient to Dr. A. R. Grant of Utica, who did a ventral suspension of the uterus, but though the left ovary was red and inflamed it was not removed. For a few months after the operation there was headache and pains shooting across the abdomen at the menstrual time, but cimicifuga promptly relieved her, and now for two years she has considered herself well and has taken up nursing as a profession.

It is to be hoped that a new proving of the drug may be made in the near future with a number of women provers to assist.

Discussion

Dr. George E. Dienst, Aurora, Ill.: In defense of cimicifuga, I want to say, you must not combine it. Use it if indicated. If not indicated, do not use it at all. If cimicifuga is the indicated remedy, keep other remedies away or you will cloud the case so you will not be able to do anything with it. I would never prescribe cimicifuga for the local condition unless I have the mental record, cloudiness, despondency, as if everything were pressing down upon her.

Dr. George Royal, Des Moines, Iowa: Reference has been made to the use of cimicifuga in labor. About thirty years ago I had the privilege and pleasure of being attending and consulting physician in a home for fallen women in Iowa. In this home for unfortunate girls I had the opportunity to verify the symptoms referred to. I tried it in 490 out of 555 cases. The remedy was given each patient under the same conditions: that is, we would begin administering the remedy, as near as we were able to determine, a certain number of days before the anticipated delivery. Then at delivery we took into consideration the time in labor, the rapidity, the ease, the uniformity of contractions, etc. I was very much disappointed in the results of cimicifuga in those conditions. I would like to say, however, that we had no accurate pathogenetic symptomatology, because no patient healthy, normal, during gestation, had ever proven the drug; therefore what we have is a mere deduction, not symptoms obtained from the proving.

Dr. Tuttle: I used the combination referred to once. I could not see that it had any effect. The use of cimicifuga alone will often be of benefit.

ANIMAL EXPERIMENTATION: ITS RELATION TO SURGICAL PROCEDURE*

By J. H. Wilms, M. D., Cincinnati, Ohio

The experimentation and research herein described was done in the B. M. Ricketts Experimental and Research Laboratory at Cincinnati. This work has been somewhat crude, but its results have been found useful in every-day work in the operating room. Dr. DeNeen and I have done practically all the work and at times one or the other has had to make notes, assist and give the anesthetic all at the same time.

The animal laboratory affords a favorable place for students to develop the technic of anesthesia for surgical procedure. On this account it should constitute, to a greater degree than it does at present, part of the routine education of the medical student. Since the chief virtue of a method lies in the ether vaporization, I attempted to refine this procedure as follows: I used a wash bottle and an ether bottle submerged in water of 85° Fah. The air was pumped through this water, then through the ether and then through tubing into an ordinary tin funnel which was made to fit the face of the animal as perfectly as possible in order to exclude the air. I was thus able to anesthetize in a minute and a half.

We have used the same method in the intratracheal and pharyngeal anesthesia with a complete and smooth narcosis. The increased toxicity of the ether is the chief danger to be apprehended from this form of anesthesia. This toxicity may be manifested rather suddenly by paralysis of respiration. Resuscitation by means of artificial respiration, however, is generally not difficult to bring about. I was enabled a number of times to successfully demonstrate the remarkable effects of artificial respiration in paralysis of respiration under ether narcosis. The chest should be manipulated as one would manipulate bellows. If the abdomen is open, slight traction applied to the upper part of the rectus and irritation to the diaphragmatic branch of the phrenic nerve stimulates the respiration. Artificial respiration should be kept up for thirty minutes at least.

Magnesium sulphate, as an anesthetic and analgesic, was recently tried by Dr. DeNeen and myself on 19 dogs. Subcutaneously it produced sloughing and gangrene. Intramuscularly and

*Abstract of paper read before the Bureau of Clinical Research, A. I. H., 1915. Published in the *New England Med. Gazette*, Oct., 1915.

intraspinally the same effects were to be noted. Introduced intravenously it brought about a comparatively smooth anesthesia with almost complete retention of consciousness. The local effect of magnesium sulphate thus given was merely the obliteration of the vein. In some cases, however, artificial respiration became necessary. This combined with calcium chlorid used as an antidote produced good results. The molecular solution was used in the experiments. Altogether the results we obtained in the use of magnesium sulphate were not encouraging and we do not feel that its future as an anesthetic is an especially brilliant one; at any rate it is a drug that should never be injected under the skin.

Thoracic surgery has received much help from animal laboratory experimentation. I shall report a few experiments designed to call your attention to some of the difficulties met with by the surgeon doing thoracic work.

June 15, 1914. Bloodless heart operation. Thorax opened under intratracheal insufflation, ether anesthesia. Superior and inferior vena cava clamped. Incision into right ventricle was bloodless. Sutures were introduced and massage brought back the heart beat. Dog was killed.

October 29, 1914. Intratracheal ether anesthesia. Superior and inferior vena cava clamped for three minutes. Opened left ventricle. Two sutures. Dog lived 24 hours. Post-mortem. Traumatic inflammation of the cardia. Pericarditis and pneumonitis with adhesions on right side. Pleurisy on left side. Seropus in both pleural cavities.

November 2, 1914. Intratracheal ether anesthesia. Inferior vena cava clamped six minutes. Superior vena cava clamped five minutes. Five hours after operation animal was delivered of five pups and was strong and not suffering in any way. Heart and respiration normal. Post-mortem November 8, 1914. Incision necrosed. Right lung hepatized. Left lung hepatized. Seropus in pleural cavities. Both lungs float and crepitate on pressure. Pericardium inflamed and thickened on pleural surface.

November 4, 1914. Intratracheal ether anesthesia. Because of technical blunders, chest was opened in two places. Incision and exploration of cardia which was sutured with linen. Death took place November 6, 1914. Post-mortem. Right chest infected. Cavity filled with red fluid. Pleural adhesions. Collapsed lung. Left chest; lung free with venous congestion over base. No fluid. Pericardium easily separated, leaving a smooth, glistening surface. Myocarditis was mild and the wound had healed.

The pleural covering of the diaphragm on the right side was friable.

November 9, 1914. Large dog. Insufflation anesthesia. Dog died in 24 hours. Post-mortem. Lungs hepatized. Peritonitis. Gut and liver ecchymosed similar to that found in ether poisoning.

In conclusion it might be said that our results were not very different from those secured by the average surgeon when this work is attempted in man. These few cases will give you a general idea of the extreme susceptibility to infection of the chest cavity. One interesting point brought to our attention was the fact that, although the heart stopped beating, in every case it could easily be started again by means of massage.

It may be of some interest to note that I was unable to find wide variations in the intestinal canals of dogs and other lower animals so frequently to be observed in man. Recently I examined some twenty human colons and there were scarcely two alike. Some were buried beneath the peritoneum; some were angulated at one or both flexures; others were M-shaped, while a few were U-shaped or normal.

Another subject of interest is the possibilities of drainage of the peritoneal cavity. It was found that only a very small portion of the peritoneal cavity is drained by the ordinary drainage tube. Within 24 hours the tube is well walled off and the area of drainage is scarcely larger than the point of contact of the drainage tube. The longer the tube is left in the peritoneal cavity, the stronger and denser become the adhesions. A few illustrative experiments will be cited.

May 15, 1915. Abdominal incision and introduction of drainage tube into peritoneal cavity. May 18, 1915. Exploratory laparotomy showed very firm adhesions around the tube. Tube removed. June 11, 1915. Dog was killed. A few small and not very firm adhesions were found between the omentum and under surface of the liver. At the former site of the tube there was no sign of the old dense adhesions.

May 14, 1915. A tube was introduced into the pelvis of a dog and lost. May 25, 1915, dog killed by air embolus. Post-mortem showed large fistula, 3½ inches in diameter, in center of abdomen, with a small one directed to the left. The general abdominal contents were in good condition. The tube was found buried in the pelvis and was thoroughly walled off, being disconnected from the fistula in the abdominal wall. Tube was gradually being forced to the surface.

May 25, 1915. Laparotomy under ether vapor anesthesia. A small gauze sponge was introduced into the peritoneal cavity. May 29, 1915; removed gauze with difficulty and with it came a large quantity of pus. June 2, 1915. Dog killed by air embolus. Post-mortem showed that the abdominal contents were practically normal. A solid walled-off cavity from which the gauze had been removed was to be noted.

Our attempts at the prevention of peritoneal adhesions by use of present-day methods were instructive. We used hydrocarbon and olive oil, ether and tincture of iodin. The hydrocarbon and the olive oil have about the same effect as a foreign body in the peritoneal cavity.

March 3, 1914. Sixty cc. of ether were injected into the peritoneal cavity. A profound narcosis was produced and within five minutes ether was detected on the breath. Narcosis lasted about 45 minutes. March 4, 1914, dog seemed normal. March 5, 1914, dog was in a poor physical condition and was therefore killed with ether. Post-mortem. Venous congestion of peritoneal cavity and abdominal viscera. The bowels were contracted and much inflamed; irritation of the diaphragmatic end of the phrenic caused contraction of diaphragm 15 minutes after heart had stopped beating. Thoracic wall was congested; liver was mottled and much congested. Diaphragm cyanotic and hemorrhagic. Gall bladder distended with bile.

March 28, 1914. Swabbed peritoneal cavity with tincture of iodin, full strength. Recovery with no symptoms. A month later peritoneal cavity was opened and the interintestinal adhesions formed one solid mass, but the dog seemed to be in no distress and the bowel movements were practically normal.

February 28, 1914. Bull-terrier. Ether anesthesia. Swabbed peritoneum with tincture of iodin 1 part, to 3 parts of water. March 8, opened cavity. Omentum was adherent to parietes. There were no intestinal adhesions.

Air embolus. April 23, 1915, 3:48 p. m. "Nigger." Raised jugular vein under cocain. Introduced 10 cc., 30 cc., 60 cc. and 100 cc. at intervals until 4:36. Dog died at 4:47. This dog received 490 cc. introduced slowly. Another dog received 90 cc. of air introduced quickly and the heart stopped in ten minutes. On opening the pericardium, the heart was dilated, stretching the pericardium. The auricles were beating, but fibrillation was present in the ventricles. When the air was squeezed out, the heart started to beat normally. An extraordinary amount can be

taken into the veins without death. Our fear of air embolus has been probably much exaggerated.

Discussion

Dr. Clifford Mitchell, Chicago: It is very easy to see that this work will stimulate others to investigation which may lead to extremely promising results. Dr. Krauss is entirely right in saying, "Don't attempt too much with research. Don't start off to prove anything." Undertake experiments, by all means. Keep records of what you do and finally, after years of work, you may arrive at something which will be of value to the profession.

Speaking in detail of the things that Dr. Wilms has brought out, I was greatly interested in his statement of the ease with which artificial respiration overcame the ether. Massage of the heart is a matter of great interest. I don't quite understand his reference to calcium chlorid and magnesium sulphate. I will ask the doctor to explain more clearly why he used calcium chlorid in overcoming the effects of magnesium sulphate. If the medical student had more work in the laboratory testing these anesthetics upon dogs, then he would not only arrive possibly at some conclusion of interest, but he would also have more confidence in himself when he went out to practice. He wouldn't, perhaps, be so panic-stricken if this, that and the other happened to his patients while under influence of anesthesia, if he were aware what antidotes overcame whatever special phenomena presented.

Dr. Alonzo Jay Shadman: I would like to add the record of an operation on a valuable dog. The dog had all the symptoms of stoppage of the bowels. After ten days he was nothing but a shadow. An x-ray picture revealed a round object in the small intestine. A veterinary gave ether and the dog took it well. The small object proved to be a glass marble which was lodged tightly in the small intestine. The gut was cut, the marble removed and the gut sutured. The next day the dog was entirely well and ate a half pound of beefsteak.

Dr. J. H. Wilms: The calcium chlorid acts as a direct antidote to magnesium sulphate, in that it forms an insoluble compound similar to the mercuries when they come in contact with sulphur to form sulphids; it is a direct chemical combination forming an insoluble compound.

As to artificial respiration, we don't like to see our dogs die; after we have done a good operation, we want to save the dog.

If the anesthetic is very toxic, paralysis of the respiratory center in the fourth ventricle takes place; this must necessarily be transient. If the heart keeps on beating any mild artificial respiration will tide the animal or human being over that critical period, providing artificial respiration is kept up long enough to overcome this toxicity.

Recently I had a baby three months old with automatic closure of the splenic flexure of the colon. Its abdomen became so distended that I thought that it would burst. Now that baby had a paralysis of respiration due to the absorption of the intestinal toxic contents and also from abdominal pressure. I made an abdominal incision. I found a

terribly distended stomach. I squeezed it out the same as you would in a laboratory experiment to relieve the abdominal tension, and I noted a faint heart beat through the diaphragm. I instructed the nurse to do artificial respiration, raising and lowering the arms so as to raise and lower the chest to form a bellows in the chest. As a result that baby was resuscitated.

These are the many advantages in the operating room derived from experimental work; for instance, in thoracic surgery. We imagine that it is a simple thing to open the thorax. In the laboratory we find that the thorax cannot be invaded as easily as the cranial or peritoneal cavities, or even the spinal cavity, because of the extreme susceptibility of the thoracic cavity to infection.

In the operating room many operators use olive oil to prevent adhesions, but we have found that the olive oil causes much more damage than the adhesions. I have often seen vaseline or olive oil used in the operating room and followed by death. Many men are still using ether in the peritoneal cavities. In laboratory work ether, even in small quantities, shows terrible effects in ecchymosis and gangrene.

TWELVE PROPOSITIONS FOR RACE REGENERATION*

By Elizabeth Hamilton Muncie, M. D., Brooklyn, N. Y.

1. The child is a triune being: a soul (mind) capable of self-consciousness and self-government; a spirit capable of God-consciousness; a body capable of world-consciousness.

2. The home, the God-given place for the teaching of all sacred truths, and the parent the God-given teacher.

3. Train the parents. Since they have failed, qualify special instructors in the public schools.

4. Compulsory reporting of venereal diseases.

5. Certificate of health before the marriage license.

6. Sterilization of the unfit.

7. Surgical emancipation from physical handicaps.

8. The single and higher standard of morals.

9. The ballot for women.

10. Abolition of the liquor traffic.

11. Annihilation of prostitution and white slavery.

12. Surgical and vocational institutions where perverted persons may receive physical, mental, and spiritual emancipation, and a vocational training that will fit them for usefulness.

*Abstract of paper presented to the Bureau of Sanitary Science, A. I. H., 1915. Published in full in the N. Amer. Jour. of Hom., Aug., 1915.

Three cases cited to illustrate vocational plan:

Dora had been a state charge for four years and Nora was about to be so committed. Their ages were 16 and 18. Six months after their physical emancipation, they were placed in positions where they have been rendering efficient and most acceptable service.

Mary, 14 years of age, became morose, forgetful, absent-minded and lost interest in her school work although she had previously expected to become a teacher. One week out of each month she was unmanageable and would wander away, lose her identity, be found by an officer and taken to the station house and thus reach the Juvenile Court.

Examination of Mary's case revealed: emaciation, anemia, abnormal blood pressure, quickened pulse beat, enlarged thyroid gland, likewise enlarged external organs of generation; the prepuce was hypertrophied and adherent to the clitoris, encapsulating hardened smegma. The labia minora were greatly enlarged and granular. The vagina was studded with hypertrophied glands and papillary growths. The uterus was, as is almost an invariable rule in such cases, anteflexed. In the rectum were papillæ. There was also a subluxated cervical vertebra.

The very same local manifestations existed in all three cases, although the remote symptoms differed widely. Each girl received the same surgical attention, namely, the removal of all these points of irritation. As with the other cases, emancipation came to Mary. She awakened from the anesthetic with improved circulation. She made an uneventful and rapid recovery. She is now happy, laughing, bright and carries on a good conversation. Her blood pressure, heart action and blood count are normal. No direct treatment has been administered to the thyroid gland, which is reduced to almost the normal size, because nature, in certain cases, is able to take care of her own chemical laboratory when relieved of those particular nerve impingements that have hampered her activities. Mary will start school again in the fall to continue her training for a teacher.

Here are three state parasites turned in six months' time into efficient workers and all this without a systematized vocational training. Consider, then, the benefit derived from vocational institutions, where the mental, moral and physical illnesses can be successfully cured by means of constructive surgery (orificial surgery) osteopathic and every other therapeutic measure scientifically and individually applied. Such an institution is the only remedy for our fast decaying nation and this remedy is attainable, yet needs to be recognized by the laity and the medical profession.

RHEUMATISM: ROUTINE AND HOMŒOPATHIC TREATMENT*

By Frank Branen, M. D., Chicago

Under the name "rheumatism" are included a greater number and wider variety of affections of all degrees of severity than are included under any other term. It is hydra-headed, the most complicated, the least capable of a satisfactory definition, the most productive of chronic invalidism of all maladies.

In former years, the profession allowed the term rheumatism to cover the following distinct affections: acute articular rheumatism (rheumatic fever), chronic articular rheumatism, muscular rheumatism, gonorrheal rheumatism. And many added rheumatoid arthritis. At the present time upwards of twenty different affections are included in the family of rheumatism.

Poynton and Payne declare that distinctive names for the different manifestations are misleading and that no doubt a great deal of the mystery of unexplained heart disease, particularly mitral stenosis, is a result of the imperfect naming of the disease, and that a more general term, as rheumatism, implying neither acuteness nor chronicity, should be used.

In my contention that homœopathic treatment of rheumatism is the most scientific of the present day, I quote some of the late literature.

As predisposing causes, Syme mentions age, sex, heredity, race, climate, soil, influence of seasons and previous illness. As exciting cause, Poynton and Payne claim to have isolated the diplococcus rheumaticus, claiming that it is the most frequent exciting cause of rheumatism. In support of this, they make the familiar claim: "The nearest approach that can be reached in the establishment of the causal agency of any microörganism to a disease is the isolation of it from the acute lesion in man and the reproduction of such in animals."

This same diplococcus was discovered by Triboulet in 1897 and by Wassermann in 1899. This micrococcus grows only in acid media. Achalme discovered in the blood of rheumatic patients a bacillus resembling anthrax, which thrived in alkaline bouillon and which reproduced in rabbits the entire picture of rheumatic fever.

Poynton and Payne then say, "In the face of the statement of Achalme and others we cannot claim that this diplococcus is

*Bureau of Materia Medica, A. I. H., 1915.

the only cause of rheumatism . . . . the diplococcus we believe to be present, in all probability, in the tonsils of the healthy subject. Under certain circumstances, and particularly in individuals whose parents have suffered from acute rheumatism, this diplococcus develops pathological properties, gains access to the system, and sets up many and various manifestations."

We do not suppose that rheumatism is due entirely to the invasion of the diplococcus. However, its presence in the tissues is no doubt essential, but there are important predisposing factors of great practical importance. It appears that while the diplococcus may be present in the tonsils or nasopharynx of healthy individuals, it undergoes a pathological change under certain predisposing conditions and gains access to the system, multiplies in the joints, pericardium, etc., and develops toxins of varying degrees of virulence, thus accounting for the varying intensity and chronicity of the symptoms.

As to the treatment, Poynton and Payne say, "No dramatic cure seems to have encouraged us, but on the contrary, the specific treatment has seemed to become an even more difficult problem than it was before we commenced these investigations. How we are to destroy these microörganisms in the tissues without at the same time injuring the tissues themselves, is the obvious difficulty that confronts us and is the greater because they may have gained a firm hold in the system before any opportunity of coping with them is afforded."

As to the salicylic treatment, they give this passing notice, "We believe that in many delicate subjects these drugs if persisted in do actual harm by producing a general depression of the resistance. It is worthy of consideration whether these drugs, by lowering temperature and easing pain, may not lull the medical man into a sense of false security." They go on to say that the salicylates cannot be depended upon for their action on the heart, and state that they may produce severe vomiting, dizziness, delirium, air hunger, and even fatal coma.

Of the vaccine treatment, they say, "Our experience has been, so far, very unconvincing, but we have learned this practical point, that if these vaccines are potent for good, they need to be used cautiously where there are cardiac lesions, and we would warn against wild use of large doses simply because these methods are so much in vogue."

Thus when we see that the salicylates have no curative relations to rheumatism and the vaccine treatment is not efficacious

and is unsafe, we must rely upon such means as will assist nature in helping herself.

These conclusions lead us directly to this: The theory of the production within the system of substances which combat the toxins of disease has become a well established fact. In keeping with the well known tendency of nature toward recovery, we find that as soon as microörganisms enter the blood stream and develop toxins there is found within the system an antitoxin or antibodies classed under the various names of agglutinins, precipitins, opsonins, etc., which set up at once a warfare against the toxic invasion. This is nature's own curative process. The welfare of the patient will depend on his ability to produce the antibodies quickly and in sufficient quantity to neutralize the toxins.

Should the natural resistance of the patient be normal, or in other words, should his normal opsonic index be up to par, then also will his specific opsonic index be high enough to enable him to manufacture his defense quickly and strongly enough to neutralize the particular toxin from which he is suffering.

If his resistance is powerful enough he will not be attacked, as quoted before from Poynton and Payne. We have as another example children who are known as diphtheria carriers, who carry the bacilli of diphtheria in their throats and are not attacked.

The whole theory of serum treatment is to supplement the deficient natural antitoxin of the patient with artificial antitoxin which has been developed in animals that have been inoculated with the particular microörganism that the patient is suffering from. Now if we employ an antitoxin in a disease that does not tend to chronicity, and whose microörganism has been isolated positively, and which is uniformly present in the disease, as in diphtheria, we can expect and do obtain good results. But in the treatment of rheumatism with antitoxins we are confronted with several difficulties.

Rheumatism is widely variable. Its cause is not uniform. Its manifestations are not constant. Consequently it is not possible to obtain uniform results from any one antitoxin. The diplococcus has not been proved conclusively to be the cause of rheumatism. It is not devoid of danger. A remedy that has a reaction strong enough to cause a temperature of 103° to 104° is capable of producing harm. The autogenous vaccines appear the most reasonable and hold out the greatest promise. Gruskin of Chi-

cago tells me that he has prepared quite a number from the tonsil and that they have given good results.

The efficiency of the homœopathic remedies in rheumatism, as well as in other diseases, has long been recognized, but within the last decade or more the more accurate scientific knowledge of how disease is resisted in the body has shed much light on the manner in which the homœopathic remedy acts, and has demonstrated scientifically what we before knew only clinically. The recent experiments of Burrett and the splendid paper by Hooker at the Atlantic meeting, last year, prove that our remedies actually promote the development of the principles antagonistic to disease and prove to the scientific world the law of similars is the true and natural method of fighting disease.

In prescribing for rheumatism, as for any other disease, the admonition to prescribe for the patient and not for the disease must always be observed. Moreover, especially in the chronic and intractable conditions we must look to the higher attenuations for our most brilliant results. As to the remedies, in the very beginning of rheumatic fever there are aconite, veratrum viride, and colchicin among the most useful. I have no doubt that many of us do not appreciate the power of aconite to prevent localization in acute rheumatism. Aconite is a remedy that does not localize. When actual local inflammation has taken place the time for aconite has passed. Veratrum viride has a remarkable effect in preventing peri and endocarditis. It has a full bounding pulse, throbbing carotids, oppression of the chest, heaviness in the precordia, sighing respiration, and patient wants to lie still. It seems to act best in the 1x dilution. Immediately following aconite or veratrum viride, colchicin as recommended by Goodno is a very efficient remedy, reducing the pain and swelling promptly and at the same time fortifying the heart. Rhus tox. and ferrum phos. are many times useful. Further on, we have bryonia and pulsatilla, especially if there is much plastic effusion.

Rarely will it be necessary to go outside of these few remedies in acute rheumatism, but as soon as we get into sub-acute or chronic there are at least a hundred remedies any one of which may give the best possible results in a given case. There are a few particular remedies whose office it seems is to open the gates not only to nature's curative powers, but to the action of other remedies. I would mention lyc., caust., calc. carb., thuja, lach., sulph., mez., stellaria, benz. acid, med., ledum, kali mur. Much might be said concerning the action and indications of these reme-

dies, but time will not permit. We all know the wonderful transformation they are capable of bringing about in faulty metabolism and malnutrition, thereby increasing the bodily resistance. The kalis as a group of remedies are worthy of much consideration, kali mur. notably for its solvent action in chronically enlarged joints. Kali carb. has the property of increasing the fibrin in the blood, a condition commonly present in rheumatism, and therefore will cure the same condition in disease.

In rheumatoid arthritis or arthritis deformans, which Poynton and Payne claim is but an attenuated infection from the same origin, I believe there is no known treatment that will even compare with the results to be obtained from the above and perhaps additional remedies.

We have no prejudice against the serum or any other treatment that will "deliver the goods," but in conclusion will say that our knowledge of the diplococcus rheumaticus as a causative factor in rheumatism is vague and unsatisfactory. The mixed vaccine treatment as now used is not comprehensive enough to meet all the various forms and conditions of rheumatism and as Poynton and Payne themselves say is not without danger.

The homœopathic remedies that have produced uniformly the various phenomena similar to all these conditions, even to the pathology itself, and have means to increase the bodily resistance and cure said conditions so effectually, must remain, for the present at least, the only satisfactory medical treatment for rheumatism.

Discussion

Dr. Guy B. Stearns, New York: Acute articular rheumatism is one of the hardest things we have to treat. If you do not hit the remedy the first time, you are apt to give three or four, or half a dozen remedies before you cure your case. In one case, I gave pulsatilla, without result. Noting that one cheek was red and the other pale, I gave chamomilla, which cured the case. In another case in which that symptom occurred, pulsatilla cured; it also has that symptom. In another, the cure was sepia, and I gave only the one remedy. The patient had a bad heart, acute dilatation. Within ten days he was out and about, one of the quickest cases to get well.

Dr. George G. Starkey, Chicago: A word of confirmation of such remedies as pulsatilla with paucity of characteristic symptoms. I had a case in the Rochester Hahnemann Hospital with no striking symptoms, and Dr. Bidwell, one of the best prescribers in that city, suggested pulsatilla. But the case was not clean-cut, but a tendency to wandering pains. So we tried two or three remedies which seemed to agree with the larger number of symptoms presenting, without result. Then we came back to Dr. Bidwell's first choice, pulsatilla, which cured the case promptly.

REORGANIZATION

Charles E. Sawyer, M. D., White Oaks Farm, Marion, Ohio

After having served as Chairman of the Finance Committee of the American Institute of Homœopathy for a year and a half, I am convinced that it is absolutely necessary for the welfare and perpetuation of the Institute as a national organization with influence and power, to adopt newer and better methods of conducting and operating its business.

To provide ways and means for a more economic and efficient plan, I have worked out the following scheme, which if put into execution would, I know, be of great benefit to the Institute and to the homœopathic fraternity in general.

I would be pleased to have all interested study the accompanying chart carefully and offer such suggestions as they may propose and to offer freely either commendation or criticism, for it is my personal desire to obtain all the help possible on the subject, so that a workable plan may be adopted at the Baltimore meeting.

In discussing the question of Reorganization I have decided to do so under the following heads, hoping thereby to elucidate the subject fully:

A. Preliminary statement of facts.
B. What does reorganization involve?
C. Are the contemplated plans feasible?
D. What would result from the change?
E. What would be the liabilities?
F. What are the sources of income?
G. What benefit could come from a central office?

A. PRELIMINARY STATEMENT OF FACTS

What the Institute Represents

The American Institute of Homœopathy is a National organization incorporated under the laws of the District of Columbia. It has at present 3,000 stockholders in good standing. These stockholders are scattered over forty-two states of the Union. They represent but one-fifth of the homœopathic fraternity of the United States; four-fifths having no direct association with this parent body.

This association of men and women, educated, influential, important as they are, should represent an ideal organization,

and, if they did, would be capable of great influence and prestige. To bring about an ideal organization means to be abreast of the times in matters of efficiency and economy, to have all forces and departments coöperating under a direct management, for in union alone there is strength.

Present Plan of Operation

The present plan of operation of the A. I. H. is so segregated that uniformity, efficiency and practical economy are impossible. With the Institute Journal's office in Chicago, the Secretary's office partial and poorly compensated, the Treasurer's office in New York, the Council on Medical Education, with its manifold important duties, operating with members in New York, Boston, Ann Arbor and Des Moines, with numerous other important matters of business being conducted by individuals and committees out of touch with each other, uniform constructive work, economically and efficiently performed, is absolutely impossible. Much of it is duplicated and many incidental expenses incurred by lack of knowledge and want of coöperation of the various sections which should be and would be prevented by better operative methods.

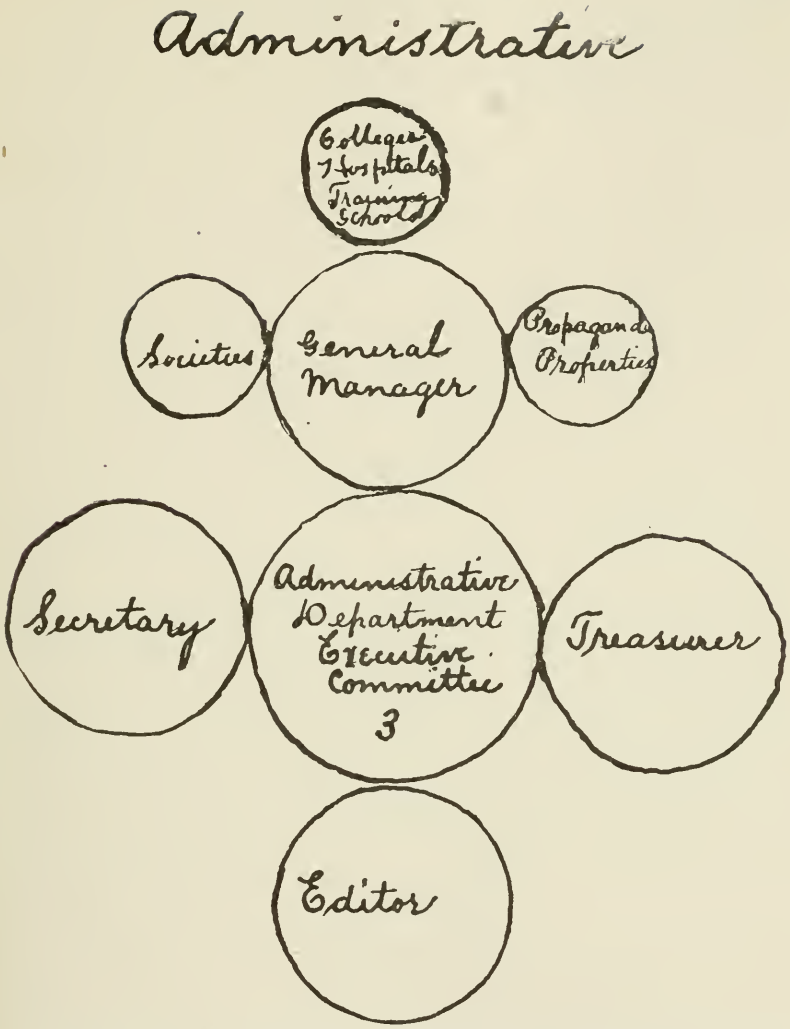
Cost of the Present Plan of Operation

The present plan of operation, according to the Treasurer's report presented to the Institute in June, cost the Institute $16,012.57. The revenues for the year, up to the time of making the report, were $16,454.41. But before the end of the summer, when the year's account with Mr. Smith employed in the Kansas City field and Mr. Hoyt, the former business manager had been settled, the year's income had been exceeded by over $800. No business can exist long that spends more than it makes.

If greater economy and efficiency were practiced, the new plan of organization would not only cost less money, but it would also earn more, have more prestige, influence, and a business standing among other business enterprises worthy the name.

Important Changes Needed

The most important change that is necessary is the bringing together under a general management into one central office the various departments of the Institute.



Administrative Department: All business matters and such other things as pertain to the resources, revenues, liabilities and disbursements of the Institute, which in any way tend to perpetuate the Institute and improve the organization.

Colleges, Hospitals, Training Schools: Standardizing, Classifying, Federating.

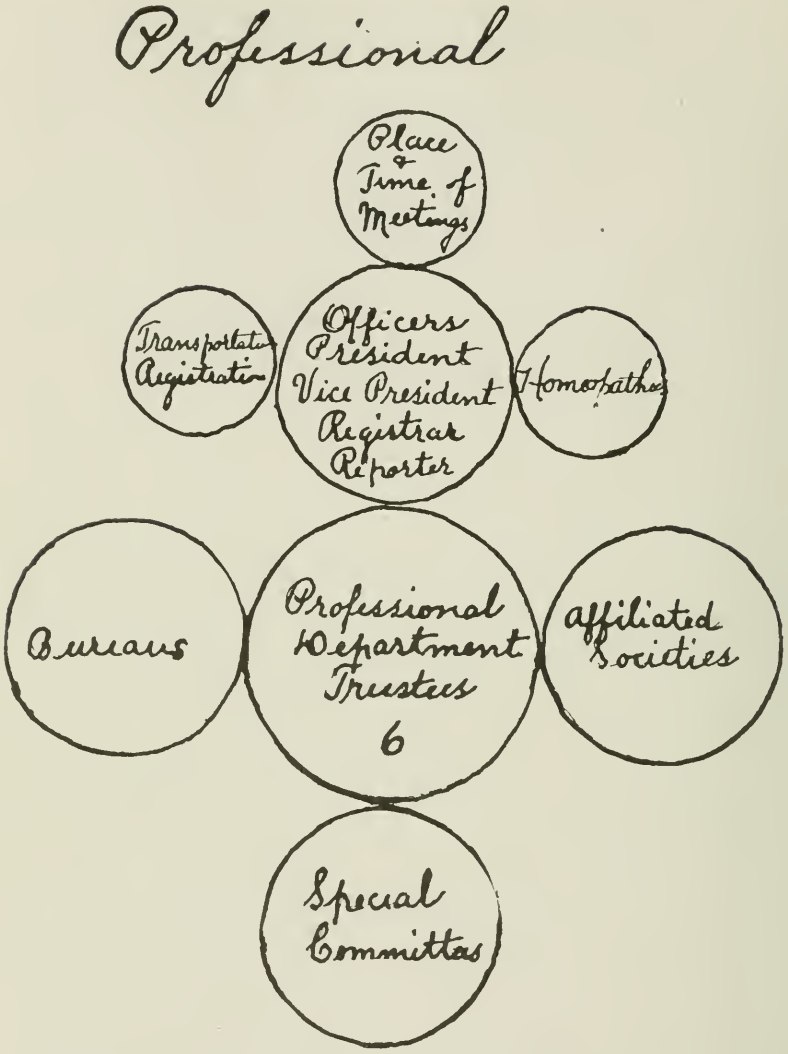
Societies: Federation of National, State and Local.

Propagandism and Properties: Legislation, Statistics, Examining Boards, Exhibits.

Secretary: Collections, Bookkeeping, Memberships.

Treasurer: All moneys.

Editor: Editing and publishing THE JOURNAL, Publicity, Special Printing, Subscriptions, Advertising.



Professional Department: Scientific and technical subjects and such related matters as have to do with the favorable operations of the meetings of the American Institute and the general advancement of Homœopathy.

Place and Time of Meetings: Memorial Service, Senior Exercises, Special Meetings.

Transportation, Registration: Entertainment, Badges, Local Press.

Homœopathics: Drug Proving, Pharmacopœia, International Homœopathy.

Bureaus: Homœopathy, Materia Medica, Clinical Medicine, Pedology, Sanitary Science, Dermatology, Clinical Research.

Affiliated Societies: Surgery and Gynecology, Obstetrics, College Alliance.

Special Committees: Hahnemann Monument, Joint Conference, College of Surgeons, Constitution and By-Laws, Resolutions, National Legislation.

A Business Plan

The work of the Institute represents two separate and distinct lines. The one has to do with things strictly of a business nature; the second, matters of an entirely professional nature. To provide for both of these is the thing necessary and to accomplish this there should be two separate departments under which all Institute matters are conducted.

Departments

The one to be known as the **Administrative Department,** which has to do with all matters of business pertaining to resources, revenues, liabilities and disbursements; another, the **Professional Department,** which has to do with all scientific and technical subjects and such related matters as will insure a favorable operation of the meetings of the Institute and the general advancement of Homœopathy.

In the execution of this idea it is necessary to limit the number of persons operating the administrative department to as few people as possible and to only such as are willing to give of their time to the carrying out of a thorough business policy, for any business in the hands of a large segregated number of people, such as the present Board of Trustees, cannot be carried on efficiently.

Ideal Plan

In my opinion the ideal plan would be a General Manager, Board of Control of three members, Secretary, Treasurer and Editor. Of the Board of Control one member should devote his special attention to societies, etc. One member to Colleges, State and National societies, etc. One member to Colleges, Hospitals and Training Schools; working to bring about standardization of Colleges, classification of Hospitals, federation of Training Schools. Another member should give special attention to propagandism and properties, including legislation, statistics, examining boards and other concomitant matters. I do not mean that this Board of Control should devote all of their time by any means to these matters, but they should be willing to keep the matters assigned them under close

enough observation so as to be able to advise and suggest to the General Manager how to work out the essential details.

The Board of Control should be required to meet at the General Manager's office at least four times each year to take up with him special matters pertaining to the subjects under consideration and to the promotion of other interests. The Board of Control and the general manager should have under their observance and have reported to them all matters pertaining to the Secretary's, Editor's and Treasurer's office. The Board of Control should be elected with regard to their fitness for the place by the Board of Trustees for a period of two years.

Duties of the Officers

The General Manager should be employed by the Board of Control and should have full authority to direct all of the matters of business pertaining to the administrative department of the Institute. The particular matters for the General Manager's observation, management and control are shown in the chart.

Secretary's Duties

The Secretary should have as matters of special responsibility the collection of all funds, the keeping of all records, all bookkeeping, all matters of memberships, subscriptions, endowments, etc., etc.

Treasurer's Duties

The Treasurer should have charge of all moneys from whatever source and should account to the General Manager each month.

Editor's Duties

The Editor should have charge of all JOURNAL matters, its editing and publishing, its subscription and advertising; all general publicity, state and national, all special printing.

Compensation

The General Manager should receive as salary $2,000 per year, the Secretary $1,000 per year, the Treasurer expenses of his office, the Editor $1,500. The General Manager should have one stenographer assistant, the Secretary one, the Editor one, all of which should be used in the general office and subject to such service as would be needed in any of the various

departments or sections of the work. The allowance for stenographers should not exceed in the aggregate $45 per week.

Offices

The offices should consist of a suite of at least three good sized rooms, one for the Editor, one for the General Manager and a general reception room. The cost of these office quarters should not exceed $100 per month. This would make necessary a fixed operating account of $7,840. Add to this the cost of publishing the JOURNAL, about $4,000 a year, and a sundry and incidental expense to the amount of $150 per month, and we have a total operative expense account of $13,640 per year. There would, of course, be other sundry expenses which would develop as the business grew, but would be more than compensated for by additional revenues.

B. WHAT DOES REORGANIZATION INVOLVE?

Reorganization involves important changes in the constitution and by-laws. This plan was contemplated when the Committee on Constitution and By-Laws revised the constitution and by-laws last June. These changes in the constitution and by-laws are now pending and are to be acted upon by the Institute at its Baltimore meeting. If the amendments are adopted as recommended, they will meet all of the requirements of this plan, and it can be put into immediate operation. If not, further delay will follow and greater harm accrue; so I am urging the adoption of the constitution and by-laws as presented last year by Drs. Wood, Horner and Copeland, Committee on By-Laws and Constitution.

Constitution and By-Laws Committee

The aforesaid Committee not only had in mind the adoption of this plan of organization and operation, but it also had in mind a scheme by which a larger number of members of the fraternity could be interested in coming to the Institute meetings and so arranged for what is known as the "Congress of States." This Congress of States contemplates delegates from every local, district, state and national, homœopathic organization; from every homœopathic hospital, college, dispensary, magazine, journal, and club in the United States in the proportion of one for every twenty-five members or less.

This, if worked out as the Committee recommends, will in itself bring at least 500 representative men to the meetings to discuss and take up such subjects as are of vital interest to the Institute, thereby bringing together a working force of much more strength and volume than ever before.

Object Sought

It will be seen that this plan of reorganization contemplates not only economy and efficiency in business methods, but it also contemplates the making of a stronger and a better organization of the entire Institute body; not only increasing its membership, but the activity of its members as well.

C. ARE THE CONTEMPLATED PLANS FEASIBLE?

Answering the interrogation, the first question is, Do they fall within the possibilities of the income of the Institute to meet their expense? Where the money is to come from is really the most important question of all and in this connection without going into detail I feel sure that there is no question but the income of the Institute would more than meet the expenses of this plan and would be able each year to set aside an ever-growing surplus.

Institute's Income

The earning capacity of the Institute, in round numbers, is about $15,000. It is not possible to always figure exactly on incidental expenses, but as shown in the above statement, the expenses, so far as we have accounted for them, would be in the neighborhood of $13,640. This gives lee room of $1,360, which is certainly, with the plans of economy that are contemplated, more than enough to execute at once the plan suggested. And, once in operation, the savings and increased earnings would establish the American Institute of Homœopathy as a thriving, active, growing business organization.

Surplus

I am convinced that the Institute could by the adoption of this plan have a neat sum of money to add to the surplus in the Treasury the first year; yet it would only be fair to give two years to prove the assertion. Therefore arrangements should be made in establishing the plan to maintain the same executive force in charge for at least two years.

D. WHAT WOULD RESULT FROM THE CHANGE?

At present, records, statistics, funds, properties and many important things are scattered about the country in the various offices of the Committees. These should be accumulated into one general office, where records and careful accounting could be thoroughly kept and where material could be readily obtained.

What Investigation Reveals

It would be surprising, I am sure, to all concerned to know how little definite data we have at our actual command that can be referred to quickly or with any degree of certainty. Our office equipment in Chicago, while materially better than one year ago and still improving under Dr. Hobson, is far from complete, because this office is hampered in many ways by the fact that material that is accumulated is not turned over to the Institute offices.

My contention is that all records, all statistics, all matters pertaining to the operation of the Institute should be recorded in the general office, where they could be referred to and acted upon by any Committee or anybody needing to give such attention to the particular things they are assigned at any time.

How Funds Should Be Received and Accounted For

The collection of all funds, as in all other organizations, should go through the hands of the Secretary and all accounting and all recording should be kept in the Secretary's office. It is immaterial where the Treasurer is located or where the money is kept, but all of the business transactions should be under immediate observation of the Central office, for without this there is much unnecessary delay and expense incident to getting information.

All subscriptions of money for any purpose, all subscriptions to the JOURNAL, all memberships and all endowments should be accounted for in the General Manager and Secretary's office. At present they are handled through the Treasurer's office, the Council on Medical Education, the Secretary and JOURNAL. I am contending that these things should be changed whereby all funds should be handled only through a general office and to be accounted for and collected by the Secretary and by him deposited with the Treasurer.

Propagandism

The Propagandistic fund has been a fund subscribed to by

members of the fraternity throughout the country and has been, so far as the collections are concerned, in the hands of the Council on Medical Education. The Institute really has no positive information as to the exact condition of these subscriptions. This, I believe, all will agree is not as it should be. If there is a matter that is of great importance to the Institute it is Propagandism, and, if there is a department that should be under the observation of the general office and a complete record of its findings kept, it is the Council on Medical Education, who now have charge of Propagandism.

Original Plan of Council

The Council on Medical Education originally started out with the idea of raising their own money and expending it as they produced it; a commendable theory but not a good practice for the reason that it was not possible to determine what expense propagandistic work would entail.

Owing to many new developments, and the assignment of numerous extra duties to the Council, they have had to ask the Board of Trustees to assist them financially at every meeting for the past year and a half. This is not as it should be. This Committee, with their duties assigned them, should be provided with money enough out of the general fund to answer the requirements of their actual expenses and the funds that they have subscribed should be in the hands of the Secretary of the Institute for collection and accounting, while the material in records, statistics, and all information acquired by the Council should be filed in the General office.

Secretary's Office

The better keeping of records, the better record of statistics, more efficient and less expensive collection of funds, and an adequate system of bookkeeping in the Secretary's office alone, would more than compensate for the difference in the arrangement.

E. WHAT WOULD BE THE LIABILITIES OF THE NEW PLAN OF ORGANIZATION?

The liabilities should only be the liabilities above stated, viz., about $13,640, and these liabilities could be more than met and met regularly with an exact reporting of all funds from all sources each month. Then the management would be able to conform to the amount of money obtainable and the matter of expenses could be made to conform thereto.

In the past under the old plan, a great deal of traveling expense has been incurred which is unnecessary. To illustrate, last year it cost for the getting together of the Board of Trustees $659.19. They held two meetings outside of the summer meeting, one at Chicago, where they were to consider the place of meeting that was left in doubt by a motion of the Institute, another at Marion, Ohio, to complete unfinished business and to obey the constitution and by-laws, which say that a full meeting be held in December.

Questionable Expense

My contention is that this expense is unnecessary and should be eliminated. There are many other similar expenses incurred that could be very greatly lessened, which I will take up in detail in the final argument on this subject if it becomes necessary. I only cite this particular instance to show wherein we are operating at an unnecessary expense. With a Board of Control and General Manager this could be eliminated.

F. SOURCES OF INCOME

The sources of income of the Institute are: Membership in the American Institute, subscriptions to the JOURNAL, advertising in the JOURNAL, exhibits at Institute meetings; endowment funds and special subscriptions. These are the only sources from which we are able to get money and out of this it is necessary that we should meet our expenses. At present we have in round numbers 3,000 members of the Institute. Under proper organization we should at least double this membership. We at present have approximately 2,700 subscribers to the JOURNAL and I am confident that with a regular, organized system in behalf of the JOURNAL the subscriptions could be increased by at least a half.

Other Facts About the Journal

The advertising in the JOURNAL has only covered about 28 pages in each issue. With a larger subscription and a better constituency to which to appeal with advertising, both the advertising rate and the advertising capacity of the JOURNAL could be greatly increased. The Editor is extremely handicapped at this particular time because of being able to distribute an edition of only 3,000. If she could show 5,000 subscribers she could reach a lot of advertisers that do not fall within the realm of only 3,000 readers.

The Matter of Endowment

Many people would be willing to subscribe to an endowment fund provided they knew there was an organization behind that fund that would perpetuate itself and was operated on business principles. The first thing that is asked by those who are solicited for funds is, What is your organization? How stable are you? How careful are you in your business methods? How is your accounting kept? And what assurance have you of perpetuation? All of these questions are vastly important and should be answered by the assurance of a thoroughly complete organization.

The Matter of Exhibits

Another source of income is the exhibit at the Institute meetings. If we had a well organized plan of operating the exhibits, and if it were within the power of some individual, such as a general manager, to look after these matters carefully and thoroughly, we could, I dare say, get at least four or five thousand dollars annually out of this resource. It is just a matter of getting after the business to secure it and if it is pushed as any other line of business is pushed, could be accomplished without a doubt.

Federation of Societies

Up to the present time our Societies have operated throughout the country indifferently and ineffectually because there has been no consideration as to federation and coöperation. It would be easy indeed for a General Manager together with a Board of Control to work out a specific system which would bring all organizations under a general federated rule and plan that would in itself add to the financial income of the American Institute.

A plan of federation is now under the supervision of Dr. Scott Parsons of St. Louis, who will present at the meeting of the Institute a carefully worked out basis upon which we shall have a closer and better affiliation of all societies throughout the country, together with the establishment of new societies where none now exist. Out of this will come an increased income to the Institute, increased interest in the Institute's work, increased activity of the homœopaths in general, which will be more than worth the while.

G. WHAT BENEFIT COULD COME FROM A CENTRAL OFFICE?

Every business man who stops to consider the magnitude of the business of the Institute cannot but realize that to have a well established office in Chicago would be a great help to us because it would give us a prestige and influence that would come from a central body always giving out things that have a tendency to make the work stronger and better. Homœopaths as a rule have spent too much time in throwing mud at the opposition and have not talked enough of the things of their own accomplishment, and with a central office it would be possible to diffuse a lot of information that would help very materially not only the societies or doctors as a class but doctors individually.

Some Special Agent in Charge

No institution can hope to succeed well that does not have some one in particular paid for operating its business. It is not consistent to expect that the volunteer service of the Board of Trustees and of the various committees could be such as to develop the best interests of a business organization.

If Homœopathy only had a place where it could be known as being thoroughly established, with all that is meant by a well caparisoned establishment, Homœopathy would get a lot of publicity that it is utterly impossible to secure under present conditions.

If laymen throughout the country knew exactly what Homœopathy is, what the law of Similars actually means, and if this essential publicity were operated and conducted under a specific, organized, well-thought-out and worked-out plan by a general management from a central office, I feel sure that we would get much benefit that we cannot possibly hope for under our present disorganized plan.

PROFESSIONAL DEPARTMENT

So much for the Administrative department. Next we are to consider the Professional department. This is quite thoroughly worked out on the chart; it speaks for itself.

The Professional department of the American Institute is an entirely separate and distinct matter. This has to do particularly with all things technical and professional. It has to do with things entirely outside of business matters and therefore should be conducted as a separate and distinct department.

In this department we have had a large board of trustees and this Board of Trustees has not been assigned to particular duties. They have only taken up such matters for consideration as were presented by the Secretary, the Treasurer and special committee reports, and this always in a hurried way, without the consideration and action that is necessary to conduct a business safely, economically, profitably.

Board of Trustees

If the Board of Trustees could be reduced to six active members, elected with an idea of their fitness for carrying on the certain sections to which they are assigned, each member of the Board of Trustees would be an important cog in the drive wheel of the machinery, which would operate greatly to the improvement, prestige, importance of the Institute body.

As this chart shows, the new plan presents a Board of Trustees of six members, the President, Vice-President, Registrar and Reporter. One of these Trustees should have charge of the place and time of meeting; another of transportation and legislation; another of Bureaus; another of special Committees; another of affiliated societies, and the sixth one of Homœopathics. If each one of these Trustees would take it upon himself to keep informed and to have general supervision and charge of these various Committees that are appointed, I am quite sure that the efficiency of the American Institute would be greatly improved and its scope of work would be greatly enlarged.

Importance of Sections and Divisions

There are certain things that belong to certain sections of certain departments and these should always have someone at their head who is particularly and especially responsible. The President of the American Institute is elected for but one year. He can scarcely become acquainted with the subject from its technical side, let alone from its business side, before he is supplanted by some other member of the Institute.

This is as it should be, because we have much material throughout the country that is perfectly capable of presiding over this most august body. But if this President could be surrounded by a cabinet of Trustees who understood their duties and were willing to perform them, then the President personally could be held accountable for the kind and character of the meeting, the place at which it was held, the reports of the

Bureaus and the different Committees assigned. This certainly would mean a much better plan of operation than we are now pursuing, for it would be following a fixed policy.

Members Interested

To do Institute work well, it is absolutely necessary that all individuals be interested and that a few who are willing be always actively engaged. It is necessary also that they be accessible and in accord with the presiding officer. This Board of Trustees should be the cabinet of the President for the purpose of carrying out his ideas. It should be the rule of the American Institute that when an individual is honored by its presidency he be broad enough, big enough, capable enough to do better than his predecessor. He should be charged with the keeping of the American Institute together, increasing its influence, its power, its prestige. He should be entirely and forever awake to all of the things that fall under his supervision, which are shown clearly on the plan presented in the chart.

The Purpose of the Scheme

I have endeavored in working out this scheme to place pertinent matters under separate divisions, in such a way as to make them co-relate and operate continuously and continently with each other. It is a task indeed to present in writing without too much detail the plan as I have it in my mind, but I am sure it is workable, for I have employed a very similar one in my own business and have seen the same plan used to a successful issue in other similar organizations. That which has been and is proving good in other lines of business and organizations, I feel worthy of trying here.

Unless Homœopathy makes a determined and well organized stand, its prestige will slip away and the homœopathic profession will be submerged and finally lost. We are in competition with a powerful opposing body, and obsolete methods and fossilized ideas are not sufficient. We should be awake to the demands of the hour, and regardless of sentiment or past policies adopt a new *régime* whereby responsibility rests with paid men and women in charge, who can and will afford to administer their duties well.

Narco-Anesthesia—For twelve years I have performed a goodly portion of my major operations under morphin-hyoscin analgesia—which generally acts as an anesthetic also. It is particularly applicable to those who for various reasons should not, or fear, to take chloroform or ether, also those who are unable to pay an anesthetist's fee. Neither shock nor nausea follow its use, this affording much satisfaction to both patient and surgeon. I employ the combination of hyoscin, morphin and cactoid. Morphin hydrobromid ¼ gr., hyoscin hydrobromid 1/100 gr., cactoid 1/64 gr., is given hypodermatically in any part of the body 40 minutes before the probable time for beginning to operate. Some patients are ready for the knife in 20 to 30 minutes, others require half of the above dose repeated 40 minutes after the first injection. Susceptibility to this varies as much as in the use of chloroform or ether. Half or two-thirds of the original dose followed by a smaller dose in 30 minutes if necessary is advisable in small or depleted patients.

I have performed resections and amputations with the patient sitting up and conversing during the entire operation, sensing no pain whatever. Where delay is objectionable and analgesia is not quite complete, a few inhalations of chloroform put the patient under at once.

Some years ago I amputated a leg under this plan with no one present from beginning to end but the trusting patient. Though it was at the expense of great nerve strain we were rewarded by a painless, shockless recovery, primary union obtaining.

A mammary carcinoma, in an old lady who had been told to never take ether or chloroform again, was recently removed in the presence of surgeons and nurses who had not witnessed the use of narco-anesthesia before. All expressed themselves favorably impressed. As to its use in obstetrical practice, the tendency to stop the pains discouraged me years ago, but it was probably due to having given too much or prematurely. I intend to give it a careful trial in these cases in the near future.

In a case of traumatic epilepsy exhibiting the most complete and prolonged opisthotonos unaffected by large hypodermatics of morphin of the administration of chloroform, this combination invariably relaxed the muscles in a short time aad produced a restful sleep. I eventually trephined the case under its use.

During a seven-year service as surgeon to a county hospital it was found to be the most satisfactory hypnotic for incurables with painful afflictions. A cystitis in a paralytic from fracture of a vertebra distinctly marked its efficacy. When judiciously used this compound is practically harmless and is applicable to a much wider field than has hitherto been awarded it.—*Spencer R. Stone, in Amer. Jour. of Surgery, Jan., 1916.*

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D. . . . . EDITOR

JOURNAL COMMITTEE

J. P. SUTHERLAND, M. D., Chairman J. RICHEY HORNER, A. M., M. D.
CHARLES E. SAWYER, M. D. FREDERICK M. DEARBORN, A. M., M. D.
SARAH M. HOBSON, Secretary of the Institute

Publication of an article in the Journal does not thereby secure the endorsement of the American Institute of Homœopathy. The Journal is the publicity organ of the entire Institute membership and is conducted by the Journal Committee in behalf of good-fellowship and medical progress.

Address all communications to The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Ill.

Vol. VIII. MARCH, 1916 No. 9

EDITORIAL

The Institute Session at Baltimore. The Local Committee under the direction of Dr. Price is making all the necessary arrangements for a successful session. Several of the programs have been completed and the others are under way. Each chairman of a bureau has been invited to present to the readers some phase of bureau work. Dr. Coleman responds in this issue with valuable suggestions on the externals necessary to success. Some of the suggestions are equally applicable in the business session.

The correspondence on the proposed plan of federation and the possibilities of the Congress of States makes Dr. Sawyer's paper on Reorganization deserving careful deliberation before the last week in June. The states are ready for some definite mode of coördination. What Dr. Ivimey Dowling said of the New York State Society in his recent presidential address is equally true and more powerful in national organization: "In organization there is power. Without the official society we fail and become mere individuals without any one to speak for us. The aggregate power of the homœopathic physicians is great."

Three other recommendations of Dr. Dowling are closely akin to Institute interests: "That the power of the president and his associates be increased," "that a progression of vice-presidents" would enable the "policy of one man to be completed by his successors." The final recommendation is the serious consideration of the status of homœopathic practice as voiced in his definition, "Homœopathy is a therapeutic drug specialty, primarily governed by the law 'similia similibus curantur.' "

The chairman of the committee on Pharmacopœia, Dr. Carmichael, reviews the necessity of continuous work both from the scientific and the legislative standpoint. The direct study of the Homœopathic Pharmacopœia is an essential part of the equipment in materia medica.

Another subject worth attention is the fact that at the 1916 session seventy-five members will become Seniors. By the constitution and by-laws, they are released from all dues henceforth. This cuts down the resources of the Institute directly from one half to one-third of the gain from new members. And yet undoubtedly nine-tenths of these prospective Seniors are better able to pay their usual dues than the younger members in their first fifteen years of membership. Of these seventy-five prospective Seniors, fifty-six are east of the Alleghenies and with the rest of the Seniors present at the Baltimore session could change this ruling of the by-laws when the revision is a matter of business.

The existing constitution and by-laws and the proposed revision were published in the August, 1915, JOURNAL. The members are urged to read the parallel columns carefully and go to Baltimore prepared to make such changes as will count for good organization and effective work. *S. M. H.*

The Reading and Discussions of Papers. The *raison d'être* of the meetings of the American Institute of Homœopathy is the interchange of individual experiences and research for the betterment of the medical profession and the resulting good to the general public. The reading of papers, with discussions, is the medium by which this interchange is accomplished. It is of the utmost importance, therefore, to devote great attention to the con-

sideration of all causes tending to enhance the value of these presentations.

The failure of a paper to interest is caused either by error in the essayist or in his environment. Rarely does the fault lie in the subject matter presented, but in delivery. Often a fine paper is spoiled by the reading. Two little attention is paid to the proper use of the voice, and if each reader would give attention to a few simple rules more pleasure and profit would be derived by his audience. He should read slowly, pronounce distinctly and use sufficient power to enable the most distant auditor to hear perfectly. The frequent lack of volume results largely from improper breathing. Let the coming readers breathe deeply. They should not forget that it is the diaphragm which plays the principal part in inspiration, and the force of the expired air which increases the sound. Of course the formation and construction of the vocal cords, larynx, etc., have much to do with the production of the voice, but the volume and force of the air emitted play a very important part in augmenting the intensity.

These three rules I would suggest to the readers of papers: Read slowly. Speak distinctly. Use sufficient power through deep diaphragmatic breathing.

The extrinsic causes for lack of interest are improper place or time of meeting, poor attendance and the holding of too many sessions at one time.

It is unfortunate that the presentation of a paper requiring the expenditure of much time and energy should be spoiled by external distractions. The place selected should be quiet. I once heard the reading of a paper marred by a brilliant piano performance held in an adjacent apartment, and much as I would have enjoyed such at the proper time and under the proper conditions I was extremely annoyed at having the interesting endeavor of a brother member damaged by an avoidable external distraction. Last year one of the sessions was held on the unfortunate steamship "Eastland," surrounded by a myriad of intensely distracting noises; music, dancing, talking, blowing of whistles, splashing of waves, etc. The *tenore robusto* of the

Chairman and the dramatic baritone of his Secretary made such a meeting possible, but it required the expenditure of an enormous amount of mental and physical energy. By all means, then, let us have a quiet place and hold the sessions during the day, if possible.

The same requirements as to proper elocution apply to the discussors of papers with a few additional points for consideration. Much time is sometimes spent in remarks in no way connected with the paper under discussion. This should be eliminated as much as possible. Again, the length of the program necessitates a time limit for discussions, and members should not feel displeased at being asked to comply.

Two more considerations before closing. Leaving the room during the reading of a paper is often disconcerting to a sensitive speaker. Let us remain, if possible, until the essayist has finished.

Lastly, elimination of night sessions will permit the social lobby meetings to be indulged in without decreasing the attendance upon the scientific bureaus. Let every one attend these.

D. E. S. C.

The Standing Committee on Pharmacopœia. Among the standing committees of the Institute there is none of greater relative importance than that on Pharmacopœia.

Its importance is due to the fact that a Pharmacopœia is an absolute necessity to a school of medicine that is founded upon drug therapeutics. It must have a single, authoritative standard for the preparation of the remedies of its materia medica, else it forfeits at the outset the basic claim of resting upon a scientific foundation.

The Homœopathic School has such a standard,—the Homœopathic Pharmacopœia of the United States—the third edition of which has lately been issued. This work is the product of many years' labor, but it would be a misconception of the character of a Pharmacopœia to regard the work of the Committee as finished.

A Pharmacopœia is a product of growth and change and as such requires revision at stated intervals.

In our school, where a remedy must be proved before it can be admitted to the Materia Medica, it would seem that the records of all such provings, as soon as made, should be sent to the Pharmacopœia Committee, who could then carefully examine the evidence and be prepared to estimate the value of the remedy for admission to the Pharmacopœia at its next revision. This committee would seem to be specially competent to do this work, because it is always composed partly of homœopathic pharmacists, and therefore the proposed remedy would be considered from all practical viewpoints. There is no other committee appointed to consider this important matter.

The Pharmacopœia also contains many remedies that are seldom or never used, and the Committee should be able from time to time to secure a vote upon the relative importance and the absolute uselessness of some of these remedies, so that the Pharmacopœia may not always carry a lot of dead wood, that is of no practical use. A Pharmacopœia is a practical working guide for the homœopathic pharmacist who prepares, and for the homœopathic physician who dispenses, homœopathic remedies. It is not a literary repository of the names and descriptions of all the so-called provings that have been reported in homœopathic literature. A remedy is not officially a part of the Materia Medica until it has been described and directions for its preparation given in the Pharmacopœia.

The latter thus becomes a continuous work which should give ample opportunity for the employment of its committee.

The second necessity for a standing committee on Pharmacopœia is that its work was not finished with the publication of the book. It has to so impress physicians with its value to the homœopathic school that they will insist that all of our homœopathic pharmacists use the Homœopathic Pharmacopœia of the United States as the standard in the preparation of their remedies, so that we may have uniform homœopathic remedies at least throughout the United States. The committee should not need to assume this task, as our profession should be as keen to have an uniform standard for homœopathy as our old school

friends are to make all druggists conform to the U. S. P. The fact that this latter work has been adopted by the United States Government is accidental or gratuitous, because without this action the allopathic profession would still have to require it or some similar standard, in order to secure uniformity and prevent confusion and possible disaster.

The third reason for a standing committee on Pharmacopœia is that it may continue its efforts to secure legislation that may place the *H. P. U. S.* in the Food and Drugs Act (popularly known as the Pure Food Law) as the standard for the preparation of fresh plant tinctures.

It is not alone because it should be a gratification to every homœopathist to see the Pharmacopœia of his school recognized as a part of the standard set up by the United States Government in the Pure Food Law. While this would be pardonable pride, it would be the least of it and besides would be purely accidental. The true statement of the case is that at present the Food and Drug Act is a defective law in that it provides a standard for only a part of the drugs in use and leaves unprovided for the important class of tinctures made from fresh plants, of which there are about three hundred. Some of these are in use by physicians of all schools. It so happens that the Homœopathic Pharmacopœia of the United States is the only work extant (in the United States) that furnishes a satisfactory standardized method for making these tinctures. (The only other work that could answer for this purpose is the British Homœopathic Pharmacopœia, whose tincture-making processes were adopted in the *H. P. U. S.*)

It thus becomes a necessity for the completion of the standard in the law, and for this reason should receive the support of all who favor accuracy and comprehensiveness in our national statutes. *T. H. G.*

The February Conferences. There was an echo from Dr. Blackwood's Institute paper on Alfalfa when the facetious cub reporter of the Chicago *Post* made a fetching headline for the College Alliance. That the word "alfalfa" was not heard during

the twelve hour session did not concern the tyro. His quarter-column was read. That's the thing! There is published in this issue the Secretary's record of the Homœopathic-Eclectic Conference committee.

Further work on the *Monthly Survey* was made a matter of business record. Dr. W. B. Hinsdale is permanent chairman of the committee. Already over one hundred have volunteered. This response demonstrates the willingness of busy physicians to be directed in critical reading. In the Alliance program, as in the other conferences, emphasis was laid upon the fundamental sciences and the application of these principles to the sick. Some attention was given also to materia medica; else, why a *medical* profession? It may satisfy a technician to make a diagnosis, give the prognosis, and verify both by the death record and autopsy. But mere man with human ties and the necessity of earning a living wishes to be *cared for*. He wants therapeutic measures. He wants restoration to health. He cares less by what means it comes, if only it comes swiftly, surely and safely.

Surgeons-General Gorgas and Braisted presented the merits of a National Board of Medical Examiners. Dr. Drake, Secretary of the Illinois Board, gave a cogent argument against a self-appointed federal examining board. There is sufficient rivalry among medical officers of the Government, the American Medical Association, the medical profession at large and the Federation of State Examining Boards to keep the question open for further discussion. Ultimately there will be undoubtedly some measure whereby a license to practice medicine in one state will be valid in any part of the United States. But that measure must be big enough to allow the individual to exercise choice in therapeutics as well in the personality of his physician. The atmosphere of America is not favorable to long-continued paternalism.

The election of Dr. David A. Strickler, of Denver, to the presidency of the Federation of Medical Examining Boards will bring to the executive work of that body the spirit of the West.

Dr. Huffman's paper on compulsory sickness insurance con-

*[Dr. Copeland's "Declaration of Independence" will be published as soon as a corrected copy is forwarded to the JOURNAL office.—EDITOR.]

templates a two dollar per capita annual tax from every wage earner whose income is less than twelve hundred dollars. By restricting each doctor thus employed to two thousand names, and insuring him four thousand dollars for salary, no more, no less, the medical profession would be reduced to the same dead level of mediocrity so often found in trade unions.

The joint committee from the Institute and the National Eclectic Association brought together a group of earnest men who announced a definite determination to work as a unit in securing a practical Medical Practice Act and a righteous classification of medical colleges.

The evening session of the Alliance and the Chicago Homœopathic Medical Society presented a program of selected papers from the Alliance and informal addresses, giving the local profession an opportunity to catch murmurs of approval and disapproval of the two days' conference.

The programs of the various associations assembled comprised more than fifty papers. Some of these papers were written obviously at the library table, untouched by practical application to existing conditions. Some were plainly intolerant of any plan except that conceived in the mind of the writer. Some were humorously egotistic. Others were splendidly fine in conception and presentation, but scarcely adapted to ordinary ambitious, jealous, over-sensitive mankind. And some papers were both sane and generous. We reiterate: *One who is personally concerned with any of these activities cannot afford to miss this conflict of theories and presentation of ideals.* S. M. H.

The Form Letter. The combination of the typewriter and the printing press has made the form letter an interesting factor in assembling public opinion. During the months of December and January three groups of letters were sent out to members (two hundred fifty in each group). The first group was sent to members in the larger towns in the line of travel presenting the value of the PROFESSIONAL DIRECTORY. As a result the JOURNAL ADVERTISER has increased the number in this department by fifty per cent. The second group was sent to subscribers to the JOUR-

NAL who were in arrears. The purpose of these letters was to remind the member to forward to the Treasurer the essential check, and to do it promptly so as to maintain our good standing with the United States post office regulations. The third group was directly related to the advertising pages, questions suggested by casual comment of advertisers and readers. A summary of these replies is given on another page. While doctors have a well-earned reputation for being dilatory correspondents, the response to these letters indicate a genuine interest in the welfare of the Institute and its official publication. S. M. H.

On Degrees and Titles. A member, in sending copy for the PROFESSIONAL DIRECTORY, reminded the Editor that the College of Surgeons admonishes its fellows to use their distinctive title upon every suitable occasion, and expressed the conviction that this department is certainly such an opportunity. The DIRECTORY is designed to give as much information as possible in three lines for ready reference to active practitioners in various parts of the country. A degree or title is merely an abbreviation for the accomplishment of certain formal courses of work. An academic title added to the doctor's degree may mean as much to one reader as the surgeon's degree to another, while to another "Specialist in Materia Medica" will mean more in choosing his physician, than either of the preceding titles. Therefore in accord with the suggestion of our correspondent, the DIRECTORY is rearranged. Subscribers are invited to send in any additional titles or qualifying phrases which will be of use to the profession. The rate for twelve insertions, two dollars, is less than the usual advertising rates and therefore the space is limited to three lines. Members who are willing to hold themselves in readiness to serve the traveling public are invited to make use of the PROFESSIONAL DIRECTORY.

S. M. H.

Knowledge Unbalanced by Integrity of Character. Unpleasant publicity was given a few months ago to extravagant and unsubstantiated statements concerning the adolescent immorality of high school youth. The recent tragedy involving a high school girl, a youthful teacher and a university junior, is

indisputable evidence of a single instance of such peril. We are reminded of the specific recommendation of Dr. Bloomingston at one of the bureau sessions last June: "Teach children from infancy to restrict their appetites, not to pamper them; to respect their bodies as sacred to themselves. Do not allow boys and girls at an early age to fondle each other. Teach the boys to keep their hands off the girls, to respect the rights of the individual. Teach the girl to respect the body as sacred to herself." An intelligent campaign of *hands off* from childhood to maturity, the reason why each one is responsible for the safety of the other, and the power of a dominant will, even over primitive emotion, will go far to make adolescence and adult life safe. Such a tragedy and the recent deliberate poisoning of a large body of banqueters to gratify personal antagonism throws one back violently upon the fundamental of human living, integrity of character. *S. M. H.*

The Maryland Bill. A bill has been introduced into the Maryland Legislature prohibiting physicians from compounding or dispensing medicines, unless such physician is a duly qualified pharmacist, except in emergency; from receiving commission on prescriptions; from recommending any particular pharmacist; from writing a prescription unless so ordered by patient or attendant. If the purpose of the bill is to legislate against the unscrupulous practitioner, it is poorly drawn. If it is a relic of the old quarrel between the apothecary and the physician, it is vicious legislation. A first reading of the bill recalls Hahnemann's essay, *Æsculapius in the Balance:* "By forbidding physicians themselves to dispense, the apothecary's income is secured in the most satisfactory manner . . . even if the prices of drugs are fixed by law, his conscience does not prevent him from employing a cheaper substitute. . . . This practice has been in vogue for more than fifteen hundred years. . . . How well adapted is the whole business of treatment for the welfare of the sick! . . . It would have been much more sensible to prohibit Titian, Guido Reni, Michael Angelo, Correggio or Mengs from preparing their

own instruments (their expressive and beautiful colors), and to have ordered them to purchase them in some shop indicated!"

The text of the bill is published upon another page for the consideration of the committee on Legislation. *S. M. H.*

ANNOUNCEMENTS

The Institute Session at Hotel Emerson, in Baltimore, June 25 to July 1, 1916

The latest announcement from the Local Committee of Arrangements is from Dr. Wm. Dulany Thomas: "We are making progress in Baltimore. From present prospects, we shall have the 'best yet' meeting next June."

The mezzanine of the Emerson will furnish the three assembly rooms for the scientific sessions and space for business exhibits. The floor above the mezzanine will provide committee rooms and fraternity headquarters. The Registrar's desk, the Treasurer's desk and General Information will be installed in the lobby on the street floor. Here also will be a commodious room for the Meissen, the social organization of the physicians' wives. The dining room is also on the lobby floor, while the roof garden will be accessible for luncheon and dinner. The Local Committee has expressed a wish that there may be no scientific programs after the evening dinner hour.

Bureau of Materia Medica and General Therapeutics

Dr. A. E. Hinsdale, Chairman, presents the following program for the 1916 session:

Therapeutics of Exophthalmic Goiter. W. A. Dewey, M. D. Ann Arbor.

Arnica. Roy Wolcott, M. D., Columbus.

Palliation, Its Uses and Abuses by Homœopaths. Geo. Royal, M. D., Des Moines, Iowa.

Alternation of Homœopathic Remedies. T. H. Carmichael, M. D., Philadelphia.

Place of Homœopathy in General Science. W. S. Hastings, M. D., Chicago.

Reliable Indications and Therapeutic Uses for a few of the Lesser Known Remedies. R. F. Rabe, M. D., New York.

(Title to be announced). W. B. Griggs, M. D., Philadelphia.

A Physiological Method of Review in the Teaching of Homœopathic Materia Medica. W. F. Baker, M. D.

Therapeutics of Hemorrhage. Carl A. Schulze, M. D., Columbus, Ohio.

Therapeutics of Nephritis. Justin E. Rowland, M. D., South Euclid, Ohio.

Applications for Membership

The following names are presented:
Cleon A. Giles, M. D., Leesville, Ohio.
Wm. J. Hultenschmidt, M. D., Cleveland, Ohio.
A. Richard Kent, M. D., Springfield, Ohio.

O. O. and L.

The O. O. & L. Society will have a two-day clinic in New York City, Friday and Saturday, preceding the A. I. H. Their scientific sessions will be held in Baltimore in connection with the Institute.

Acknowledgment to the Hahnemannian

The Editor of the *Hahnemannian* courteously arranged for the simultaneous publication of Dr. Mellon's paper on *Biological Co-Relation of the Law of Similars* in the *Hahnemannian* with its publication in the JOURNAL. Acknowledgment of this instance of journalistic ethics should have been appended to this paper in the January JOURNAL.

Volunteers to the Monthly Journalistic Survey

In response to Dr. Cobb's and Dr. Hinsdale's published announcement in the February JOURNAL, page 932, and in addition to the list published in the minutes of the College Alliance, the following members have volunteered, through the office of the JOURNAL, to do any work which lies within their possibilities:

Guy P. Conger, Oak Park, Ill.
Ella M. Tuttle, New Berlin, N. Y.
Benjamin C. Woodbury, Portsmouth, N. H.
Annie Whitney Spencer, Batavia, Ill.
Nathan Powell Barbour, Schroth Bldg., San Francisco, Calif.

These names have been forwarded to the committee. Members who wish to respond to this appeal are requested to communicate directly with the permanent Chairman, Dr. W. B. Hinsdale, Ann Arbor, Mich.

Glossary of Technical Terms

The attention of the reader is called to the suggestion in the minutes of the College Alliance, page 1110, that any homœopathic physician having a list of words or terms distinctively homœopathic, and not yet adequately defined in our dictionaries, send the same to Dr. W. B. Hinsdale, Chairman also of this Committee.

Transaction Files

The Secretary would like to complete a subscriber's file by obtaining all the volumes up to 1870, inclusive; also volumes 1873, 1874, 1875 and 1902.

THE INDIANA INSTITUTE OF HOMŒOPATHY—AN INVITATION

From Albert A. Ogle, President

The fiftieth annual session of the Indiana Institute will meet in Indianapolis Tuesday and Wednesday, May the 16th and 17th, in the assembly room of the New Hotel Washington.

The program promises to be especially strong. We are to have with us on the program, Dr. Henry C. Aldrich, President of the American Institute; Drs. Joseph Pettee Cobb and Willard S. Hastings of Chicago; Drs. Claude A. Burrett and Albert E. Hinsdale of Columbus, Ohio; Dr. S. R. Geiser of Cincinnati, Ohio, and Dr. George S. Coon of Louisville, Ky. These together with representative men of our own state will present a galaxy of papers that will be worth while any one's time to come and hear.

A cordial invitation is extended to every one to attend this, our Golden Jubilee Anniversary.

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY

By Bert B. Clark, Secretary

The invitation of Rochester to the State Society to hold its next annual meeting in that city, April 11-12, 1916, has been accepted. This will be the first time in its history that the society will hold an annual meeting other than in the city of Albany. The Executive Board and the local committee promise an enthusiastic meeting. President Dowling has instituted active propaganda throughout the state and brings a favorable report.

Much interest in the internal affairs of the organization is manifesting itself in many ways, notably in the election of officers. An opposition ticket to the one presented by the nominating committee was presented by petition and strong efforts were made to carry it to election. The platform upon which these candidates appeal for votes comprises a demand for but one scientific meeting to be held each year, a provision for a progression of vice-presidents in office and the assumption by the vice-presidents of the duties formerly performed by the various bureaus.

PARK AVENUE HOSPITAL, DENVER

Our Park Avenue Hospital, beautifully situated in the residential section of the city, is making a fine showing. The hospital is in excellent shape financially, and the demand for rooms is constantly beyond its capacity. To overcome this and to increase its facilities, plans are under way to raise funds for a much-needed extension or an entirely new annex. Excellent coöperation in maintaining the high standard of the institution has been

given by the Women's Association of the hospital which has been recently organized. In order to raise funds to carry on their work they have been giving a series of monthly social functions, dances, card parties, etc. This social feature has secured the coöperation of many influential people who have heretofore not been affiliated with the hospital in any way.

Visiting members and friends of the Institute coming to Denver will be cordially welcomed by the officers and members of the state society.

Carl D. Fisher, M. D., President.
J. C. Hornecker, M. D., Sec'y.

THE MARYLAND BILL

A Bill Entitled

AN ACT to regulate the dispensing of medicine by Physicians.

SECTION 1. *Be it enacted by the General Assembly of Maryland*, That it shall be unlawful for any physician to compound or dispense any medicine intended for the use of any human being, unless such physician is a duly qualified pharmacist under the law of this State, except in cases of emergency; and all medicines compounded or dispensed in such cases of emergency shall be administered by such physician in person or under his or her immediate direction; and a record of such compounding or dispensing or both, as the case may be, of such medicine, specifying the date and the ingredients and the quantities thereof, and the name and the address of the person for whom compounded or dispensed shall be made by said physician and recorded with ink in a suitable book to be kept by said physician. Said record shall be entered upon said book by said physician within twenty-four hours after the delivery of said medicine or the administration of any part thereof to the patient. Said record shall be preserved by said physician for the period of at least one year and shall be open to the inspection of the patient to whom such medicine was administered, and to the inspection of the husband or wife or any parent or child of such person, or to the duly authorized attorney of any such person or persons.

In all cases of emergency as hereinbefore specified, or where the physician shall be also a registered pharmacist, when the physician shall have compounded or dispensed the medicine administered to the patient, and the patient shall die in five days after the administration of said medicine, it shall be the duty of the health officer or the board of health of the city, town or county in which said death shall have occurred to ascertain and certify the cause of such death, and said certificate made by the said health officer or board of health as the case may be, shall be immediately deposited in the office of the said health officer or board of health, and shall be a public record and be permanently retained on file in such office.

SEC. 2. It shall be unlawful for any physician to collect or receive from any druggist or pharmacist, either directly or indirectly, any

commission or percentage upon or any compensation for or on account of any prescription or prescriptions for drugs or medicine written by said physician, or sent, or directed to be sent, by said physician to said druggist or pharmacist.

SEC. 3. It shall be unlawful for any physician to recommend his or her patient or patients to any druggist or pharmacist, either directly or indirectly, or to write, or cause to write recipes or prescriptions upon any paper bearing any druggist's or pharmacist's business card or label or any part thereof.

SEC. 4. *It shall be unlawful for any physician to order for any patient* or patients, to leave with or send to any druggist or pharmacist, recipes or *prescriptions, unless so ordered* by the patient or patients, his or her relatives, or nurse in attendance.

SEC. 5. Any person violating any of the provisions of this law shall be punished for the first offense by a fine of not less than twenty-five dollars and for the second offense by a fine of not less than one hundred dollars, and for the third offense by a fine of not more than five hundred dollars, or by imprisonment of ninety days, or both such fine and imprisonment in the discretion of the court.

SEC. 6. *And be it enacted*, That this Act shall take effect from the date of its passage.

CORRESPONDENCE

In Memory of Dr. Gregg Custis

The following has been received from the Secretary of the British Homœopathic Society:

To the Journal of the American Institute of Homœopathy:

I have been requested by the British Homœopathic Society to express to the American Institute of Homœopathy the Society's profound sympathy with the Institute at the loss it has sustained by the lamented death of Dr. Gregg Custis, who had been for some years a Corresponding Member of the British Homœopathic Society.

The fellows and members of the Society feel that his death has caused a loss to Homœopathy that it will be hard to make good.

Yours very faithfully,

Arthur G. Sandberg, M. D.,
Hon. Sec., B. H. S.

Eczema and Formic Acid

Portsmouth, N. H., Feb. 6, 1916.

To the Journal of the American Institute of Homœopathy:

The *Journal of A. M. A.* for Jan. 8, 1916, contains a letter to the Editor, in which "E. M. B. T." of New Bedford, Mass., writes as follows:

"In the summer, noticing that some of the dahlias in my garden failed to grow well, I went literally to the root of the matter and found there the troublesome insect *aphis radicis* with *formica flava,* the yellow ant, encouraging its depredations. I crushed numbers of the ants with my fingers, noticing at the time the pungent odor which they emitted, which was of course due to formic acid, especially abundant in this species.

"At about this time, my hands began to present symptoms of eczema, itching (much aggravated after the taking of salted food) and formation of vesicles, with subsequent thickening and cracking of the skin. I did not associate these symptoms with the handling of the ants until they had recurred under the same circumstances for several seasons. I now avoid the annual attack of pseudo-eczema by avoiding the yellow ants.

"The facts appear to me to suggest the dependence of genuine cases of eczema on the presence of formic acid, since this acid has been detected by various chemists in the perspiration."

The value of this observation lies in its very close relationship to the recorded provings of the homœopathic remedy, known as "Formica." In homœopathic usage, the tincture of formica rufa is prepared from crushed live ants. Its condensed proving is to be found in Hering's Guiding Symptoms, Vol. V., pp. 344-354. The substance of this proving is taken from Hering's monograph, and from the proving originally published in Vol. 20 of the *N. A. Jour. of Homœopathy.*

The symptoms recorded in these provings were obtained after inhalation of formic ether, formyl acid, spiritus formicarum, and from the use of formica rufa and formica subsericea, in drop doses of the tincture up to the 30th centesimal or decillionth potencies.

Symptoms 140 to 740, the end of the proving, are to be found in the *Amer. Jour. of Hom. Mat. Medica, New Series, Vol. II, No. 5.* The proving is given there more in detail.

The variation in the symptoms recorded of the formica flava in the writer's case and the symptoms obtained from the formica rufa of the provings may have been due to a difference in species. The fact remains that even the commonest observation, if corroborated by carefully conducted experiments, may become of greatest value in determining the effects of a given drug.

The symptoms recorded in the proving of formica rufa were obtained nearly half a century ago. Their validity is still unquestioned. Should the truth of such observations be questioned at the present time or in the near future, it only remains to repeat such experiments to prove or disprove their claim to scientific accuracy.

Benjamin C. Woodbury.

Are There Two Dr. Charles Mayos?

Batavia, Ill., Feb. 5, 1916.

To the Journal of the American Institute of Homœopathy:

In the January JOURNAL we note a report by Dr. FitzPatrick on the meeting of the Clinical Congress of Surgeons, wherein the President, Dr. Charles Mayo, on introducing the speakers, paid tribute to Samuel Hahnemann.

In the February JOURNAL we find a report by Dr. Clifford Mitchell, quoted from the *Official Bulletin* of the Chicago Medical Society, wherein a Dr. Charles Mayo contradicts the statement made by Dr. Charles Mayo in the January JOURNAL.

After paying the tribute, he did not stand up like a man and say, Gentlemen, I can not tell a lie, etc. Neither does he explain his act of retracting by saying, Gentlemen, I can not tell a lie; it was my scalpel that made me change my opinion.

The question arises, Is there not more credit due to the homœopathic school because it "came so near" (over one hundred years ago), than to the dominant school since it has taken them an hundred years to "come so near." In the words of President Wilson, "All that we have got to do is to encourage them to hire a hall."

Annie Whitney Spencer.

FEDERATION

Comment on Dr. Parsons' Plan, as Presented in the February Journal

Dr. Frank P. McKinstry, Pres., N. J. State Homœopathic Society: I am heartily in favor of any plan that will interest the rank and file of the profession in our local, state and national organizations. It is a shame that of 12,000 physicians of our school only 3,000 are members of the A. I. H. The same problem confronts us in our state work. In New Jersey only two out of three are members of our state society.

I expect to attend the meeting at Baltimore and favor the proposed Congress of States.

Dr. Charles E. Holloway, Pres., Iowa State Society: I am very much in favor of a closer union of all our societies, and Dr. Scott Parsons' scheme seems a good one.

I believe some such plan is essential, and will appoint a committee from the Iowa Society to meet with committees from the other states.

Dr. Frederick S. Eveleth, Pres., New Hampshire State Society: Our New Hampshire men are very much scattered. It is difficult to get more than twenty to thirty out to the annual meetings. Part of the difficulty lies in the poor railroad service across the state.

I believe the live members would heartily fall in with the idea of affiliating the State Society with the A. I. H. I am not sure I can go to the Baltimore meeting, but we almost always send one or two delegates. I will bring this matter before the society this spring. A session devoted to a Congress of States, according to the proposed revision, would be an excellent idea.

Dr. Henry A. Whitmarsh, Providence, R. I.: I have read with great interest Dr. Parsons' plan for federation. While unable for press of time to consider the pros and cons in detail, I feel pretty confident that the move in general is a good one, and would strengthen our cause all along the line. Our national organization should include in its membership all our homœopathic physicians. (And old school men should be eligible, too, for that matter.)

No individual should be content with impressing himself merely upon his home district. In union with his fellows, he should swell the number and influence of a strong central organization, our A. I. H., an old and broad and honored institution.

I am looking forward to a better organizing of our forces, especially in lines of scientific progress, with greater publicity for our therapeutic triumphs (and failures). This is the sort of propaganda I believe in. The Baltimore meeting I anticipate with more than usual interest. We are on the eve of greater things.

Dr. J. M. Heimbach, Pres., Homœopathic Medical Society of Pennsylvania: As president of our state society, I have been very much interested in federation and have felt all the time it should come from the Institute. I am trying very hard to organize local societies in the state, wherever possible, and get them lined up for final federation.

I am heartily in accord with the plan outlined in the JOURNAL and endorse it strongly. I think it would be a good plan to have a morning set aside for a Congress of States. The plan should be perfected this coming meeting and put in operation as soon as possible.

I have made no plans as yet to go to Baltimore. I shall be obliged to be away from my office a good deal this year, so that I may not get there. I shall make a good effort at least. I presume it will be hard to stay at home when the time comes.

Dr. Albert A. Ogle, Pres., Indiana Institute of Homœopathy: I am much impressed with the article in the February JOURNAL on Federation by Dr. Scott Parsons. The idea and scheme of procedure is well worth the serious consideration and support of every homœopath in the United States.

I believe that the time is not far distant when every physician, who values his standing in his local situation, as well as in the State and Nation, must be a recognized member, in good standing, of his state and national medical societies.

I am not in a position to criticize or to comment on the feasibility of Dr. Parsons' tentative plan, but I will heartily indorse and work for any plan that will make our Institute stronger and reach the thousands of physicians now outside the fold. I sincerely hope there may some way be found by which every nonsubscriber to the JOURNAL may receive a copy of this very able article.

Dr. Ida Joe Brooks, Pres., Arkansas State Society: As president of the Arkansas State Society, I have read Dr. Parsons' paper and I am greatly in favor of his suggestion. I think it is the only way to keep (or create) an interest in the Institute. Each state, where there is even one homœopathic physician, should be represented in this general committee. Let them have two representatives if there are twenty-six to fifty.

Dr. C. Wilson Hughes, Pres., State Society of Delaware: I heartily endorse some such move as Dr. Parsons' plan for federation. I have long felt that some such movement should be inaugurated in order to unify all our work of societies and clubs with the A. I. H. The time is ripe for such a consummation. All the members that I have consulted with think it a wise procedure. I should greatly favor a morning for a Congress of States as suggested in the August JOURNAL.

We are planning now to have a large number, if not all of our members, at the Baltimore meeting, and bring more new members. We have now the largest percentage of Institute members. But we are not satisfied, and will not be satisfied until every member of our state society is also a member of the A. I. H.

Dr. Carl D. Fisher, Pres., Colorado Homœopathic Medical Society: It would seem that the federation plan of Dr. Scott Parsons offers the quickest and most expedient way of developing cohesion among the homœopathic physicians. The ratio of doctors of our school to Institute members is much too low, and is due partly to the duplication of dues, as well as to the lack of personal touch between the Institute proper and the individual doctor.

The whole question is one deserving a great deal of thought, to the end, as has been said, that every one of us must be made to feel that he *cannot afford to stay out.*

Increased Mortality in Cities Between 10,000 and 100,000. Statistics are notoriously unreliable when assembled to prove any particular point. Recognizing that these tables are not conclusive as to healthfulness or competency of local health boards, nevertheless it seems to be rather singular that out of 435 cities in the registration area the death rate in 40% of those cities was higher in 1914 than in 1912.

ADVERTISING

Comment from Members

In the letter sent out in December, an effort was made to reach members who presumably had had opportunity in organization work to get some experience. To the question, *Does advertising pay?* most replies were "Yes," without further comment. A few were in doubt. One, himself an advertiser, added, "if properly placed."

What kind of advertising pays? Several professed ignorance. Other replies were: "Concise and catchy." "Legitimate advertisement." "Professional cards pay *only* the JOURNAL." (This member doesn't advertise. How does he know?) "The kind that appeals to *your* readers." "Any kind that compels attention; never mind how." "The PROFESSIONAL DIRECTORY pays. Patients are often referred to me." "Something worth reading." "The kind that keeps our patients under homœopathic care, such as the DIRECTORY." "The kind that reaches the customer and is so written as to attract his attention." "From the JOURNAL's standpoint, the only kind of advertising that pays is that of honest manufacturers who guarantee their products to be as represented. All products of a doubtful nature should be excluded." "Advertisements pertaining to the interests and welfare of the profession."

What kind of advertisements would you like to see in the JOURNAL *which are not there now?* Several "don't care" or "pay little attention to advertisements." "Anything useful to the profession." "Push the advertising good and hard, but *no proprietary remedies.*" "Some of our ads do not do honor to our JOURNAL." "Any you can get." "More Doctors' cards, more institutions, more books, more societies." "Advanced therapeutic apparatus."

Would you rather pay four dollars for the JOURNAL *and have no advertising pages?* Everyone gave an emphatic "No," except two. "If advertising were done away with entirely, and the goods were that much cheaper, *yes.*" "Willing to abide by majority rule. Appreciate that advertisements are an important revenue."

In the course of correspondence, mention was made several times of the membership list of the Institute as being constantly at hand for reference in sending patients to a homœopathic physician, either in traveling or in making new homes. One writes: "When one of my families leaves this place, I take every possible means to place such a family under homœopathic care. Every member should do the same." Another, "I keep the list of members on my desk and always refer to it."

Another inquires, "Why should I read an advertisement month after month if it is presented in the same form? I wouldn't read your editorials if you didn't give me something different each month."

GENERAL NEWS

California. The daily press reports the sale of 1,000 shares at par by the Pacific Coast Publishing Company. This company comprises a group of physicians who control the *Pacific Coast Journal of Homœopathy*. The size of the *Journal* has increased and the magazine is a valuable means of communication among the profession of the Coast.

Dr. D. Gates Bennett of San Francisco has retired from practice.

Colorado. The officers of the Colorado Homœopathic Society for the current year are: Dr. Carl D. Fisher, Denver, president; Dr. James W. Craig, Loveland, vice-president; Dr. Charles E. Armbruster, Denver, treasurer; Dr. J. C. Hornecker, Denver, secretary. The distances in Colorado are so great that the Society has definitely decided to limit the annual meeting to one day, closing with the customary banquet.

Illinois. The dinner on the evening of February 8th was an evening of special importance from the presence of many out of town guests. The arrangements were made jointly by Dr. McBurney, president of the local society, and Dr. Burrett, secretary of the College Alliance. Dr. McBurney turned the formal program over to Dr. Royal S. Copeland, president of the Alliance, and he presided with his usual felicity of wit and repartee.

Among the guests were Drs. Copeland, Rabe and Stewart of New York; Dean Pearson of Philadelphia and Dr. Stewart of Pittsburgh; Drs. Hinsdale, Ball and Dewey of Ann Arbor; Dr. LeFevre of Muskegon, Mich.; Dr. Beebe of Sidney, O.; Drs. Burrett, Hinsdale, Ferree and Schulze of Columbus, O.; Dr. Hetherington of Piqua; Dr. Sawyer of Marion and Dr. McCann of Dayton; Dr. Royal of Des Moines; Drs. Honn and Replogle of Champaign, Ill.; Drs. Neiberger, Kelso and Calvert of Bloomington; Dr. Barnhizer of Forrest.

The executive committee of the Illinois Homœopathic Medical Association have their program well under way for the annual meeting May 9, 10 and 11. A program of clinics will be furnished at Hahnemann College on Friday, the 12th. The medical classes will be in session, and it is proposed that visitors be invited to make the rounds of the class rooms to see the work of the daily routine.

The monthly Dispensary report for January is submitted by the Dispensary Chief, Dr. Schofield:

Medical		Surgical		Gynecological		Pediatrics		Mental & Nervous	
New	Old	New	Old	New	Old	New	Old	New	Old
43	225	48	81	21	74	29	62	7	36

Eye and Ear		Nose and Throat		Venereal		Dermatology		Obstetrical	
New	Old	New	Old	New	Old	New	Old	New	Old
102	222	36	48	7	12	26	58	7	19

New patients 349
Old patients 837

Total 1136

Dr. Edward W. Cobb is now located at 6356 Stewart Ave., Chicago, succeeding to the practice of Dr. Cora Taylor.

Dr. Theodore Bacmeister has been in Union Hospital under Dr. Vaughan's surgical care, for appendicitis, with adhesions. He is recuperating in Florida.

Dr. B. A. McBurney is in California for his annual winter vacation.

Dr. Julia Strawn is home from California, and Dr. Cecilia Kimball is home from a short experience in a London hospital.

Dr. Rhoda Barstow was housed for a fortnight from a fall, and went to Nebraska for recuperation.

Dr. Agnes Fuller has exercised the prerogative of all automobile drivers of giving herself a Colles' fracture.

Dr. Street says the office force at Hahnemann is doing twenty-four hours' work in every twelve.

The Evanston Hospital has installed full apparatus for laboratory diagnosis; not only in chemical and microscopic work, but also in x-ray diagnosis.

Dr. Clarence H. Burton, of Detroit, called at the JOURNAL office on his way to Rochester, Minn. Dr. Burton found several days of good work in nose and ear while in Chicago.

Dr. Charles P. Clarke, of Laurel, Miss., also called at the JOURNAL office, during a recent holiday. Dr. Clarke says mercury is homœopathic to very many forms of illness in the South, whether associated with classical malarial characteristics or otherwise; further, that a homœopathic physician is so afraid of prescribing in routine fashion, that it takes him a year or so to find out his prejudice.

Iowa. The Sioux City Homœopathic Society met in January in the office of Dr. J. L. Hanchette. Dr. Hanchette and Dr. E. L. Jenkinson presented papers on surgery.

Maryland. The Hahnemann General Hospital occupied its newly equipped brick building in January. This building will be used for medical and surgical cases, while the older buildings will be used for offices and residence quarters. The dispensary is in the new building with an emergency operating room with direct outside entrance.

The Local Committee of the Institute session are engaged in their less busy hours in making plans for the last week in June. Dr. Price unfortunately has been ill for several days. Dr. Sawyer has been a guest in Baltimore twice for confer-

ence on hotel accommodations at the Emerson, both for the members and the exhibits.

Our neighbors are disturbed over the proposed legislative enactment regulating the dispensing of medicine. They will not pass any such law as is drawn up, unless, indeed, it should be rushed through unawares.

Massachusetts. Dr. Charles Chapin assigns this state first place for excellent public health work. The Bay State scores with 745 points out of a possible 1,000. New York and Pennsylvania are second and third.

The new Maternity Hospital has been dedicated as the Jennie M. Robinson Memorial, "dedicated to the comfort and care of maternity." Dr. William Francis Honan of New York made the principal address. After the address, Mrs. Thomas Bailey Aldrich and ladies of the Guild received in the rotunda.

Dr. Frank C. Richardson spoke in behalf of self-control in his lecture at the Evans Memorial, "As a Man Thinks."

Dr. Lydia Pierce and Dr. Edwin Lee have received appointments to resident internship in the Massachusetts Homœopathic Hospital.

Dr. Pollock, the new superintendent of the Massachusetts Homœopathic Hospital, is starting in his work in a way that warrants much enthusiasm. He appears to be a man of tact, of a genial disposition, and of pre-eminent ability. Plans are now being made for the erection of a large service building in which will be housed the various dining rooms for the staff, the nurses and the help, boiler rooms, and probably some sleeping accommodations. As soon as this is done the original part of the main hospital building is to be extended backward toward Albany street in the form of a five or six story addition, which will be devoted entirely to surgery, containing seven or eight operating rooms, etc., etc. Things are looking decidedly prosperous.

North Dakota. The officers of the North Dakota Homœopathic Medical Association are as follows: A. A. Just, president, Crookston; F. Margaret Peake, secretary, Grand Forks. The next meeting will be in Grand Forks, July 8, 1916.

Ohio. The East Side Hospital of Toledo will place the following homœopathic physicians on its staff: Drs. Byron W. Dawley, A. T. Barnum and Ira Denman.

The Cleveland Homœopathic Medical Society entertained Dr. C. D. Collins of Chicago at their February meeting. Dr. Collins presented a paper on "Diagnosis and Treatment of the More Common Skin Diseases."

Dr. Chas. E. Sawyer has been appointed to the State Medical Examining Board.

Dr. Alice Butler of Cleveland is in New York for post graduate work.

Oregon. The Hahnemann Round Table gave an interesting program in February. Officers were elected for the next six months. Dr. Peter L. MacKenzie was elected president and Dr. Floyd F. Fellows, corresponding secretary. The evening was devoted to the discussion of proposed propagandistic work by the members. Meetings will be held the first Wednesday in each month. At the next meeting Dr. P. L. MacKenzie will present a paper upon Mental Therapeutics. Dr. I. N. Palmer is alternate. At the April meeting Dr. I. N. Palmer will present a paper on Bodily Changes Due to Mental Conditions; Dr. Byron E. Miller, alternate, with a paper on Thuja.

Pennsylvania. The Pennsylvania State Society will meet at the Berkshire Hotel, Reading, in September, 1916.

There will be a surgical clinic at the Homœopathic Hospital with work done by the Pittsburgh and Philadelphia physicians. Four hundred physicians and their wives are expected.

The receipts from the various sources, reported at the monthly meeting of the Board of Managers of the Reading Homœopathic Hospital, $132.00, and a large assignment of miscellaneous supplies.

Two memorial tablets have been placed in Hahnemann Hospital of Philadelphia, one in honor of S. G. Morton Maule, and the other in honor of Mrs. John M. Butler, one time chairman of the house committee. Both names are linked with efficient service and generous loyalty to the hospital.

The Junior Auxiliary of the Pittsburgh Homœopathic Hospital, under the direction of Miss Totten and Miss Schoonmaker, gave a bridge benefit recently, to meet the expenses of the social workers of the hospital association.

Dr. J. M. Heimbach, president of the State Society, is making a campaign of the state in behalf of organization and therapeutic promulgation.

The Glee Club of Hahnemann College gave their first concert in January at College Hall. Mr. P. C. Wittman, conductor of the orchestra for dancing, and Mr. H. A. Taggart, conductor of the Glee Club, carried off the honors for the success of the evening.

Dr. A. T. Barrett discussed Pyorrhea and illustrated his paper with stereopticon at the January meeting of the Philadelphia County Society.

Mesdames Carmichael, James, Weaver, Bartlett, Steele, Semple and Wistar received at the students' reception at the College in December.

Dean Pearson presented his illustrated lecture on the Laboratory before the Germantown Society in January. Dr. Wm. H. Bishop of New York presented a surgical paper before the S. G. and O. Society. Dr. E. M. Gramm gave a paper on Carcinoma of the Skin before the Oxford Club. Alcohol and Tobacco was the topic at the Woman's Club. Drs.

Hillegas, Gay, Stubbs and Seibert presented papers at the West Philadelphia Society.

Rhode Island. Professor John F. Green, of Brown University, and G. Edward Buxton, Jr., were guests of the Rhode Island Homœopathic Society at their evening session. Drs. Leon Loizeaux, J. T. Simonson and L. F. Cocheu of New York were the guests and essayists of the afternoon.

Dr. Charles H. Finch was re-elected president of the society in the afternoon; Dr. William M. Muncy was chosen vice-president; Dr. Robert H. Whitmarsh was selected secretary, and Dr. Marian A. Gleason was elected treasurer. Dr. J. H. Bennett, Dr. Martin S. Budlong and Dr. Louis D. Lippitt were chosen censors.

Virginia. Dr. J. Leonard Jennings of Danville, secretary of the Southern Homœopathic, has been elected president of the Virginia State Society.

CHANGE OF ADDRESS

From membership list in JOURNAL, December, 1915.

	Moved to
Barry, George F.	1640 Chicago Ave., Evanston, Ill.
Blosser, John R.	2010 Welton St., Denver, Colo.
Buck, Jirah D.	628 Oak St., Cincinnati, Ohio.
Chaney, Edwin N.	910 E. Colorado St., Pasadena, Calif.
Citron, I. Jesse	935 Temple St., Los Angeles, Calif.
Clarke, Wm. B.	Gen. Del., Pittsburgh, Pa.
Cobb, Edward W.	6356 Stewart Ave., Chicago, Ill.
Compton, George W.	2065 Logan Ave., San Diego, Calif.
Conrad, Arthur C.	456 W. 63d St., Chicago, Ill.
Corr, Francis X.	622 Freeport St., Neponset, Mass.
Kershaw, J. Martine	4044 Westminster Pl., St. Louis, Mo.
Kirkland, Edward	17 Henry St., Bellows Falls, Vt.
Nesbit, Edwin L.	Floyd Bldg., Bryn Mawr, Pa.
Peters, Chester M.	116 Fawcet Ave., N. W., Canton, Ohio.
Rafacz, Michael E.	Dyer, Ind.
Schairer, Wm. W.	777 Clinton Ave., N., Rochester, N. Y.
Selleck, A. W.	630 W. 141st St., New York, N. Y.
Shaffer, Harry L.	423 Charles St., Pittsburgh, Pa.
Snow, Henry	Cumberland St. Hospital, Brooklyn, N. Y.
Stewart, Thomas M.	271 Union Trust Bldg., Cincinnati, Ohio.
Trimmer, Leila V.	860 Hyde St., San Francisco, Calif.
Wallace, M. Edna	179 Lake Ave., Rochester, N. Y.
Whitmarsh, Robt. H.	70 Charles Field St., Providence, R. I.
Williamson, W. Raymond.	Greene, N. Y.
Wood, Leonard S.	765 Oakwood Blvd., Chicago, Ill.
Wood, Lillian N. to Bradway, Lillian Neale	Monson, Mass.

OBITUARY

What has it all been for? For the knowledge that makes life richer; for the friendship that makes life sweeter; for the training that brings power.—Briggs.

Dr. Charles M. Thomas, former Dean of Hahnemann Medical College, died early Friday morning, Jan. 15, 1916, at his country home near West Chester, Pa., after a lingering illness of two years. He was sixty-seven years old. Until his retirement from active practice three years ago his office was at 1823 Chestnut Street, Philadelphia.

Dr Thomas was widely known and enjoyed one of the largest practices in the city, and was considered an authority on surgery and ophthalmology, having at one time held those chairs at Hahnemann College. He was a member of the American Institute of Homœopathy, 1875, and of the State and County Homœopathic Medical Societies.

He is survived by a widow, three sons and three daughters. Dr. Thomas was born in Watertown, N. Y., May 3, 1849. He was educated at the Central High School and the Hahnemann Medical College of Philadelphia. Later he studied surgery in Europe. He became Dean of the college in 1903 and held that chair until 1906. During his later years he devoted his attention exclusively to diseases of the eye and ear. The sons who survive him are Russell E. Thomas, of California, and Earl and Frank, who live at the Thomas home. The daughters are Mrs. T. H. Coates, Mrs. R. Brognard Okie and Mrs. Howard Okie. Mrs. Thomas was Miss Marion Turnbull, daughter of the late Dr. Lawrence Turnbull, of Philadelphia. *R. B.*

Gabriel F. Thornhill, Paris, Tex., died Dec. 6, 1915. A member of the Institute since 1910. He has been a zealous worker for humanity during his entire medical practice, a staunch advocate of homœopathic therapeutics, and dearly beloved by his patrons. Death came from apoplexy while he was in his car. There was obviously premonition, for the car was stopped by the roadside.

Dr. Thornhill was fifty-six years old and was a native Texan, having been born in Washington county, and belonged to a well known family. His wife, who survives him, was Miss Mary Buckingham, the daughter of a pioneer Methodist minister of Southern Texas. Besides his wife he is survived by two daughters, Mrs. G. R. Coleman of Paris and Mrs. John Hammond of Clarksville, and by a son, Gabriel Thornhill, who is a student at the N. Y. Homœopathic Medical College.

Dr. Chas. M. Hollopeter, Portland, Oregon, a graduate of the University of Iowa, Homœopathic Department in 1888, died at his home, Dec. 30th, 1915. Dr. Hollopeter was a clever and fearless advocate of homœopathy. He was extremely kind hearted and is a man who will be missed very much by the local physicians. His home has been in Portland for the past ten years. *B. E. M.*

CORRECTION

THE GENERAL PRACTITIONER AS A SANITARIAN, by J. D. Varney, M. D., was omitted inadvertently from the table of contents in the February JOURNAL. This correction will be made in the index in the June JOURNAL.

CONFERENCE WITH ECLECTICS

The following account of the meeting of the Conference Committees of the American Institute of Homœopathy and the National Eclectic Medical Association is furnished by the Secretary. All the members of the A. I. H. Committee were present except the Chairman, Dr. T. H. Carmichael, who was unable to be present on account of a death in his family. His place was, however, ably filled by Dr. Gilbert FitzPatrick, who acted as Secretary of the Conference. In the opinion of the members of the Committee it was the most profitable of the conferences that have been held. At least three hours were spent in earnest discussion of the various resolutions that were adopted. *T. H. C.*

Chicago, February 8th, 1916, Auditorium Hotel.

The fourth annual meeting of the Committees representing the American Institute of Homœopathy and the National Eclectic Medical Association was called to order by Dr. FitzPatrick, who nominated Dr. Scudder for temporary chairman. Dr. FitzPatrick was nominated for temporary secretary. They were declared elected.

ROLL CALL

A. I. H.	ECLECTIC
Stewart	Scudder
Replogle	Thomas
Beebe	Mundy
McCann	Wilmeth
Siemon	Best
FitzPatrick	
Copeland	

Chairman Scudder drew attention to the method in vogue for selecting the personnel of the committees, advised enlarging the body and selecting men with care as to their fitness and influence. Dr. Beebe and others concurred.

The Federation of State Medical Examining Boards of the United States received a free and considerable discussion in reference to a National Licensing Board.

Dr. Siemon moved that we recommend to the A. I. H. and Nat. Eclec. Med. Asso. that, as nearly as possible, in the appointment of the Conference Committees that have to do with the interests of our respective schools, as they relate to general medical interests, the principle be followed, that fitness and willingness to serve, rather than geographical and personal reasons, obtain, said committee to be composed of not less than 10 from each of the two associations. Discussed by Drs. Mundy, McCann and Stewart. Seconded and adopted.

Dr. Scudder moved that a copy of the list of members both Homœopathic and Eclectic now holding office on the various State Boards be sent to each member of the Conference Committee as well as to the representative State Board member. Seconded and adopted.

Dr. McCann moved that as there are non-members of the National Societies holding positions upon the State Examining Boards as repre-

sentatives of these two schools that they be investigated and an effort be made to rectify this deplorable situation. Seconded and adopted.

Resolved, That as a joint conference of Committees representing the American Institute of Homœopathy and the National Eclectic Medical Association, we agree to recommend to these respective National Societies, that upon matters brought before this joint conference which have been discussed and adopted, each of the above named Societies shall work in conjunction with the other as a unit. Seconded and adopted.

As a suggestion it was moved that the Conference Committee draw up a Medical Practice Act to be submitted to the Federation of State Medical Examining Boards of the United States. Seconded and adopted.

As a suggestion it was moved that the American Institute of Homœopathy and the National Eclectic Medical Association each appoint a committee for the purpose of inspecting, valuing and classifying their own medical colleges and hospitals with a view to manifesting our independence of the A. M. A. Council of Medical Education. Seconded and adopted.

GILBERT FITZPATRICK,
Sec. pro tem.

THE FOURTH ANNUAL MEETING OF THE COLLEGE ALLIANCE

Chicago, February 8, 1916

Reported by the Secretary, Claude A. Burrett

The business meeting of the Fourth Annual Conference of the College Alliance was called to order by the President, Dr. Royal S. Copeland; Dr. A. E. Hinsdale acting as secretary in the absence of Dr. Burrett, who arrived later.

Dr. Copeland: We have provided a program which will be modified a little, and with your permission we leave that particular item until Dr. Burrett arrives. Some of the papers in the first symposium use the stereopticon. Since we are to have an evening session, it was thought wise to have these papers at the evening meeting.

The Executive Committee was instructed at Cincinnati meeting to arrange these sessions so that they would not conflict with the various sessions of the A. M. A. conference of three days, but man proposes and the A. M. A. disposes.

Are there any committees to report? Dr. W. B. Hinsdale, what about your committee?

Dr. Hinsdale: I am a member of two committees. One of these Dr. Cobb will make a report on and the other one I am prepared to make a report on. The committee on which I am to make a report has to do with making up a list of words and their technical meanings as applied to our profession. A good many of these words are not found in medical dictionaries, for example, "attenuation." It was the intention to formulate some fixed definitions for these terms, and to this end Dr. Sutherland, Dr. Wilson and myself were to make up lists of words, giving what we considered a proper definition for each. I wrote these

gentlemen and asked that they please report to me and express their ideas, giving a list of words that it would be worth while to incorporate into a glossary or dictionary, so that when one man uses a word or term, the other men in our profession may understand just what he means to convey. I received a reply from Dr. Sutherland, who has suggested a number of words and attached thereto some proposed definitions. Dr. Wilson never replied to my letter, although he was quite enthusiastic in this matter, but I can produce the statements that Dr. Sutherland has sent me and submit a report of progress.

(Dr. Burrett arrived.)

Dr. Copeland: Report on Glossary received and committee continued.

Dr. Burrett submitted the minutes of the previous meeting, which were received and made a part of the records.

Secretary's Report

Auditorium Hotel, Chicago, February 8, 1916.

Mr. President:

Your secretary has to report that the past year has been the most active period since the formation of the College Alliance.

There have been three special meetings of this body since the last Annual Meeting.

At the meeting of the A. I. H. last June in this city a meeting was called of the Deans, and of the Materia Medica teachers of our colleges. The question of the teaching Materia Medica was discussed and a committee appointed to arrange for a future meeting to discuss more at length the question of Materia Medica in our Colleges.

In August the second meeting was held in Detroit. Representatives were present from five of our colleges. Not only was the question of Materia Medica considered, but important committees appointed in connection with the various activities of our colleges.

At the time of the meeting of the Southern Homœopathic Association in Cincinnati in November, a third meeting of the Alliance was held. It was a most notable meeting. All of our colleges save two were represented. That complete report is here, if you desire to have it read. It was published in the JOURNAL last month.

Treasurer's Report

Since the organization of the College Alliance the sum of $650 has been paid into the Treasury from the following sources:

After Dinner Club of Chicago (through Dr. Mary E. Hanks)	$300.00
New York Homœopathic Medical College	50.00
Hahnemann of the Pacific	50.00
Hahnemann of Chicago	50.00
Hahnemann of Philadelphia	50.00
New York Medical College for Women	50.00
University of Iowa	50.00
University of Michigan	50.00
Total	$650.00

Expenditures to the amount of $322.43 have been made, leaving a balance in the treasury of $327.57.

On January 9th, 1915, $300 was placed in a savings bank account so that the interest on that amount should be added to the above figure.

(Signed) Claude A. Burrett,
Sec.-Treas.

In order to utilize the stereopticon in the evening session, the program was rearranged with the papers on Clinical Teaching in the afternoon session.

Announcement was made of telegrams from Drs. Boericke, Hudson and Brant of their inability to be present.

Returning to Dr. Hinsdale's report on Glossary, it was suggested that a request be made through the JOURNAL that each homœopathic physician send in suggestions from which a complete list might be compiled. This plan was suggested in view of the fact that many good men might be overlooked in a correspondence campaign.

Afternoon Session

The meeting was called to order by the President, Dr. Copeland.

Moved by Dr. Wilson, seconded by Dr. Royal, that the next special meeting of the College Alliance be held in Baltimore during the session of the Institute.

Dr. Copeland:*

Voted to hold the next meeting in Baltimore during the session of the Institute.

Report of the Committee on the Monthly Journalistic Survey

Mr. President, Ladies and Gentlemen of the College Alliance:

At the Special Meeting of the Alliance held in Cincinnati, in connection with the meeting of the Southern Homœopathic Medical Association, you appointed the undersigned and Dean Hinsdale a special committee, to formulate the plan for coöperative research work, with a view to getting a committee at work in January, 1916.

Your committee wasted no time before undertaking their work, the magnitude of which has grown with every effort at reaching a comprehensive plan. The correspondence with the deans of the different colleges has elicited very cordial support from the same, and we have to report a list of collaborators signifying their willingness to read carefully and make excerpts from one or more journals.

We recognize the fact that we have not as yet reached half of the men who are best qualified to do this work, even among those connected with the different teaching institutions; and we realize further that there are many outside the teaching institutions who can be and undoubtedly will be willing to be of assistance in this work. Our efforts so far, however, have been limited mainly to those with whom we could get in touch through correspondence with the different deans. A list of about 100 journals, covering the principal American journals, and English, French, German, Spanish and Russian, have been selected as those worthy of careful perusal. The following points have been discussed by your committee and are tentatively presented to you:

---

*[Dr. Copeland's "Declaration of Independence" will be published as soon as corrected copy is forwarded to the JOURNAL office.—EDITOR.]

(First.) That each collaborator shall obtain for himself, either by subscription or through a convenient library, the journal or journals which he is willing to excerpt.

(Second.) That everything which he thinks has a bearing on the application of the law of similia similibus curentur shall be extracted by him; the important points epitomized, the date and issue of the journal and name of author noted, and, when signed by himself, sent to the Chairman of the committee, who shall be known as an Associate Editor of the Institute JOURNAL.

(Third.) That the same journal, when an important one, like the *Journal of the American Medical Association*, shall be read by different men, believing that a surgeon, an internist or other specialist might see something which seemed to him of importance that would be overlooked by others not so deeply interested in his particular line of work.

(Fourth.) We believe that it is not especially important to make the excerpts from the different homœopathic journals, as one of our objects is to gather the results of research work which does not reach the larger part of the homœopathic profession, and which would be especially convincing to our friends who are not in sympathy with our teachings.

(Fifth.) The journals of Chemistry, Biology and kindred subjects are likely to be fertile fields for investigation and should be included in our list, also it is desirable that non-journalistic literature should be given just as careful attention.

(Sixth.) The excerpts, when made by the different collaborators, are to be forwarded to the Chairman of the committee, or Associate Editor, who will get them in shape and supply to the Editor of the JOURNAL each month; sufficient to fill the space allotted to us, and, what is possibly more important, reduce the output of the committee to the most profitable and economical content.

(Seventh.) We recognize that this will mean a large amount of letter writing for the Associate Editor, a good deal of expense for stationery and postage, and the consumption of considerable time. Changes in the staff will probably have to be made from time to time, as some grow careless and others drop out. For this reason, we recommend that the Alliance appropriate the sum of $25 a month, beginning with January, 1916, for the expenses of the Chairman of the collaborators or Associate Editor.

(Eighth.) We recommend that the collaborators' work shall begin with the January, 1916, issue of the various journals to which they are assigned, and that the first output of the force shall appear in as early an issue of the JOURNAL as the Editor can arrange for.

In presenting this report, I wish to state that a very large part of the detail work has been done by Dean Hinsdale, and that he has succumbed to my pleadings, and to those of others, that he accept the position as Chairman or Associate Editor, under the conditions that we recommend, namely, that there shall be an allowance of $25 a month, to be paid out of the treasury of the Alliance. This report simply epitomizes the work which the committee has done and, unless there is a reading between the lines, will give no estimate of the amount of time and

thought which your committee has given to what seems to them to be one of the most important lines of activity of the College Alliance at the present time. We append herewith an incomplete list of names of the collaborators who have signified their assent to join in this work and an incomplete list of the journals which are under consideration.

Respectfully submitted,

Joseph P. Cobb.

List of Journals and Collaborators

Texas State Journal of Medicine. M. J. Blimm.

Ophthalmic Record. W. D. Rowland.

Ohio State Medical Journal. H. E. Beebe.

Ophthalmology, Otology and Laryngology. R. H. Street.

Old Dominion Journal of Medicine and Surgery. A. L. Smethers.

Ophthalmology. Dean W. Myers.

New York Medical Journal. M. A. Darling.

Ophthalmic Record. W. H. Phillips.

Twenty-four Journals published in Philadelphia. Assignments partly made, to be completed by Dean Pearson.

Quarterly Journal of Medicine (English). C. B. Stouffer.

Pediatrics. J. P. Cobb.

The Practitioner, London. Some English assignment later.

Thirty-three Journals published in New York. Assignments to be made with the help of Dr. R. F. Rabe.

Southern Medical Journal. A. L. Smethers.

Eight Journals published in St. Louis. Assignments to be made with the help of Dr. Scott Parsons.

Several Ohio Journals. H. E. Beebe.

Urologic and Cutaneous Review. G. Irving Naylor.

Non-journalistic Gynecology. W. H. Humphrey.

Medical Record. O. S. Haines.

Pacific Coast Journals. Partial list of 11 assignments with the help of Byron E. Miller.

Medical Literature, not Journalistic. R. S. Copeland.

The Military Surgeon. H. M. Beebe.

Medical Review of Reviews. J. P. Bolt.

The Laryngoscope. J. A. Ferree.

The Lancet (London). W. B. Hinsdale.

The Lancet-Clinic. H. E. Beebe.

Journal of Surgery, Gynecology and Obstetrics. DeWitt G. Wilcox.

Journal Iowa State Medical Society and Iowa Journals. George Royal.

Journal Michigan State Society. W. B. Hinsdale.

Journal Infectious Diseases. F. B. Grosvenor.

Journal of Pharmacology and Experimental Therapeutics. W. S. Hastings.

Journal of Nervous and Mental Diseases. C. E. Sawyer.

Journal of Experimental Medicine. Clifford Mitchell.

Journal Vaccine Therapy. C. H. Baker.

Journal of Comparative Therapeutics. J. A. Toren.
Journal, American Medical Association. W. H. Wilson.
Illinois Medical Journal. V. M. Jared.
Other Illinois Medical Journals. Assignments by J. P. Cobb.
General Surgery, Non-Journalistic, Current Publications. C. A. Burrett.
German Literature in Surgery, Periodical and Non-Periodical. Assignments by Dr. Kahlke.
Glasgow Medical Journal. Some foreign correspondent.
Grainer's Homœo-Lexique. Vols. I.-II.
French, Spanish, Italian Journals. W. A. Dewey.
Dublin Journal Medical Science. Some foreign correspondent.
Cleveland Medical Journal. H. A. Beebe.
Chicago Medical Recorder. J. P. Cobb.
Chemical Abstracts of American Chemical Society. Wm. A. Pearson.
British Journal of Children's Diseases. Anson Cameron.
The British Journal of Surgery. Some English correspondent.
Bulletin of Johns Hopkins Hospital. Scott Parsons.
The British Journal of Dermatology. F. M. Dearborn.
British Medical Journal. Some foreign correspondent.
Biochemical Bulletin. Wm. A. Pearson.
Archives of Radiology and Electrotherapy. W. S. Hastings.
American Journal of Tropical Diseases and Preventive Medicine. R. O. Keiser.
Annals of Otology. J. R. McCleary.
American Journal of Diseases of Children. Anson Cameron.
Annals of Ophthalmology. B. Haseltine.
Annals of Surgery. H. M. Beebe.
American Journal of Obstetrics and Diseases of Women. G. Fitz-Patrick.
Archives of Pediatrics. J. P. Cobb.
American Journal of Insanity. J. R. Horner.
Archives of Ophthalmology. I. O. Denman.
U. S. Naval Bulletin. C. H. Baker.
Wisconsin Medical Journal. H. C. Aldrich.
The St. Paul Medical Journal. H. C. Aldrich.
Fifteen journals published in New England. Assignments with the help of DeWitt G. Wilcox.

ELECTION OF OFFICERS BY COLLEGES

Roll call of the colleges, showing all present except:
Boston University School of Medicine.
Hahnemann Medical College of the Pacific.
Hahnemann Medical College of Kansas City University.
New York Medical College and Hospital for Women.
Tellers—Drs. Hinsdale and Hill.

The following officers were elected:
President, Royal S. Copeland.
First Vice-Pres., Joseph P. Cobb.
Second Vice-Pres., T. H. Hudson.
Secretary-Treasurer, Claude A. Burrett.

Dr. Cobb: I understand that a few of the colleges have paid their dues of $50 once or twice, and some of them not at all. I move that the Secretary-Treasurer be instructed to collect back dues. Motion seconded. Carried.

Dr. Burrett. I have one important matter to bring before you, and that is the matter of an academic color which refers to homœopathy. Some of the colleges have been using white, but on referring this matter to the censors on this matter at Albany, New York, I find that white has been already utilized. Therefore it will be necessary to select some other color.

Dr. Royal: I move that the matter of selecting an academic color for homœopathy be referred to Dr. Burrett with power. Motion seconded. Carried.

Upon request of Dr. Hanks that the Alliance make some definite contribution to the Bureau of Homœopathy at the 1916 session of the Institute, ordered that Dr. Royal be appointed a committee to confer with Dr. Hanks.

The following papers were then presented:

Clinical Teaching. Dr. Ralph H. Stewart, New York City.

Materia Medica. Dr. W. A. Dewey, Ann Arbor, Mich.

The Text Book. Dr. Clark Hetherington, Piqua, O.

The Lecture in Materia Medica. Dr. George Royal.

The Repertory. Dr. Rudolph F. Rabe, New York City.

Present at Morning Session: Drs. Hetherington, Rabe, Ball, Dewey, Royal, Blake, Pearson, W. B. Hinsdale, Copeland, A. E. Hinsdale, Gordon, FitzPatrick, Wilson, Hastings, Stewart of Pittsburgh and Stewart of New York, Hill, Sawyer, and Hobson.

Present at Afternoon Session: In addition to the list above, the following: Drs. McCann, Sweet, Cobb, Siemon, LeFevre, Hanks, Beebe, Tenney, Costain, Replogle, Twiss, Moulton, Thomas, Farrington, Terrell, Schulze, Scudder, Mundy, Best, Wilmeth and Metzger.

EVENING SESSION

The College Alliance convened at Hotel Sherman at seven o'clock for a banquet with the Chicago Homœopathic Medical Society. Dr. B. A. McBurney, president of the local society, presided. After the banquet, the program was turned over to Dr. Copeland for the remaining papers of the Alliance:

The Laboratory. [Illustrated.] Dean William A. Pearson, Philadelphia.

Chemistry. Dr. John C. Blake, Ph. D., Chicago.

Materia Medica. Dr. Albert E. Hinsdale, Columbus, O.

Surgery. Dr. Charles E. Kahlke, Chicago.

Obstetric Teaching. [Illustrated.] Dr. Gilbert FitzPatrick, Chicago.

Advertising. Dean Claude A. Burrett, Columbus, O.

After the formal program, President Copeland called for informal comment from Drs. Hobson, W. B. Hinsdale, Ball, Hanks, McCann, Royal and McBurney.

Adjourned.

THE JOURNAL

OF THE

American Institute of Homœopathy

Vol. VIII. APRIL, 1916 No. 10

SEMINAL VESICULITIS*

By Leon T. Ashcraft, M. D., F. A. C. S., Philadelphia, Pa.

Seminal Vesiculitis constitutes a neglected chapter of the volume dealing with the pathological conditions of the genito-urinary system. American authors, with one or two exceptions, have passed it by. To be sure, the textbooks have discussed it perfunctorily, but few surgeons have given it the attention it deserves. To Fuller, particularly, and to Belfield later, must be given the credit of placing the pathology and treatment of this condition on a sound basis. Valuable contributions were also made by Squier[1] and by Thomas and Pancoast[2].

The seminal vesicles are two lobulated membranous pouches situated at the base of the bladder and in front of the rectum. They are separated from the latter organ by the recto-vesical fascia. Each vesicle measures about two inches in length, three-quarters of an inch in breadth, and half an inch in thickness. These organs lie embedded in the filaments that branch off from the fibrous bands extending from the posterior surface of the prostate to the walls of the bladder (called the fascia of Denonvillier). Although separated at their upper surface, they converge toward the base of the prostate, and empty into a duct that joins the corresponding vas deferens at an angle, and forms the ejaculatory duct. These ejaculatory ducts enter the prostate at its base, pass through it, and enter the prostatic urethra, either at the sides of the sinus pocularis, or within this cavity. In some instances, the peritoneum is reflected over the upper surface of the vesicles.

Each pouch consists of a main cavity with various sized

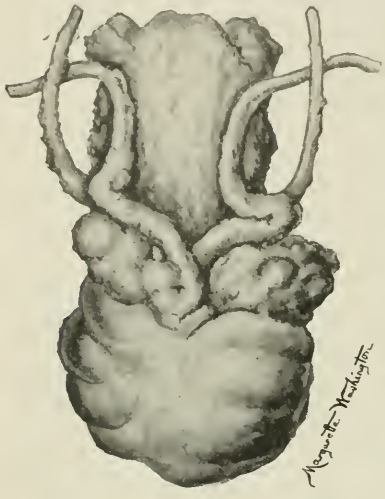
*Chairman's Address, Bureau of Dermatology and Genito-Urinary Diseases, American Institute of Homœopathy, Hotel Sherman, Chicago, June 27-July 3, 1915.

[1]Surgery of the Seminal Vesicles, *Cleveland Medical Journal*, December, 1913; and Indications for Operation on the Seminal Vesicles, *Boston Medical and Surgical Journal*, June 11, 1914.

[2]Annals of Surgery Sept., 1914.

diverticula. All of these are joined by fibrous tissue. They have an external covering, which is fibrocellular; a middle muscular coat; and a lining mucous membrane. Columnar and cuboidal epithelium line the vesicles. The vas deferens runs along the inner margin.

Picker,[3] from dissections of seventy-two specimens, fifty-six normal, and sixteen pathological, makes the following classification, which is quoted both by Squier and by Thomas and Pancoast:



Prostate, seminal vesicles, vasa and ureters.

1. Simple, straight tubes.
2. Thick, twisted tubes, with or without diverticula.
3. Thin, twisted tubes, with or without diverticula.
4. Main tube straight or twisted, with large caplike arranged diverticula.
5. Short main tube, with large, irregular branches.
6. Miscellaneous, comprising embryological abnormalities, and pathological conditions.

Of the normal vesicles, about one-third belong to the first three types, and the remainder to the fourth and fifth.

The tubes have a wide variation in length, measuring from 6 to 23 cm.; their capacity is from 3 to 12 c. c.

Added information concerning the seminal vesicles may be obtained by means of radiography of the seminal ducts (a method first suggested by Belfield,[4] and recently practised by Thomas and Pancoast,[5] as well as by myself, the technic of which is as follows:

The vas is held by an assistant, between the thumb and forefinger, against the skin of the scrotum near the median line. A half-inch incision is made through the skin, and a grooved director is introduced underneath, bringing the vas to the surface. It is then stripped of its covering, and freely exposed. A longitudinal incision into the vas opens the canal. The blunt needle of a hypodermic syringe may be passed into

[3] *Urologic and Cutaneous Review*, 1913.
[4] Radiography of the Seminal Duct, *Jour. Am. Med. Ass'n*, Nov. 22, 1913.
[5] Seminal Vesiculitis, *Annals of Surgery*, September, 1914.

this minute canal, and 5 c. c. of a solution of 5 per cent. collargol injected. This liquid traverses the vas and ampulla, and enters the seminal vesicles. Compression is then made on the distal end by means of a ligature, and the picture is taken, the ligature being subsequently removed.

As the result of these collargol injections, several facts have been discovered. In the first place, the average vas and vesicle have a capacity of about 4 c. c.; next, peristalsis of the vas and vesicle occurs, the sphincter of the muscle yielding, as is demonstrated by the fact that the collargol which has been used to distend the vas escapes into the prostatic urethra, thence going backward into the bladder and clouding the urine; finally the contour and deviations of the vas are easily demonstrable, and the preservation of its lumen or the presence of stenosis or other abnormalities, such as collections of pus distending the sacs, may at once be detected.

A study of dissected specimens will show the intimate relationship of the vas and the ureter, owing to their juxtaposition. As the result of this, compression of the ureter may occur, giving rise to urinary symptoms that entirely mask the pathological picture.

The seminal vesicles furnish a storehouse for the semen, preserving its vitality by furnishing a secretion obtained from their epithelial lining, and retaining the semen until called upon to expel it.

Acute gonorrheal seminal vesiculitis causes swelling of the mucous membrane, and small cell thickening in the submucous tissue. The vesicles may be dilated, or may become atrophied by contraction of the newly formed tissue. Their contents undergo a puriform degeneration. Microscopic examination shows pus cells, intra- and extra-cellular gonococci, various bacteria and lifeless spermatozoa.

Acute seminal vesiculitis presents marked inflammatory symptoms, of which pain is an annoying feature. It is usually referred either to the suprapubic region, or to the sacrum and rectum; and in those cases which are complicated by epididymitis, pain may extend from the perineum and scrotum to the inner aspect of the thighs. Pain near McBurney's point is often a pronounced symptom. The temperature is usually quite high, the bowels are constipated, and the urethral discharge becomes diminished or suppressed, remaining so until vesicular resolution commences. Bloody pollutions, caused by

capillary hemorrhages, frequently occur. The urinary changes are quite characteristic in the beginning of an attack, differing but little from the urine seen in acute gonorrhea, except that urination may be more frequent. Later on, when resolution is established, and the vesicles partially empty their contents, it becomes decidedly cloudy. Unfortunately, most cases end in incomplete resolution or chronicity, although, exceptionally, an abscess may form, which, if not opened, may burst into the peritoneum or the rectum. Therefore, surgical intervention and drainage may be necessary.

Chronic seminal vesiculitis commences insidiously. Symptoms are rarely complained of until months after an acute attack. The process consists of an inflammation of the mucous membrane, with degeneration of the epithelium and subsequent catarrh. Later, this infiltrate extends into the entire substance of the vesicles, producing marked thickening in their walls, and thus impairing their function.

The semen is greatly affected, often becoming semipurulent, and sometimes bloody, and frequently losing its normal consistency. Microscopic examination of the expressed secretion of the vesicles will show pus, phosphates, mucus, and sometimes feeble or dead spermatozoa. The pus may contain streptococci, tubercle bacilli, colon bacilli, and various unclassified micro-organisms; but gonococci are rarely present, except in acute cases, although gonorrhea is one of the chief causes of seminal vesiculitis. This absence of gonococci, while pyogenic bacteria abound, has been explained by Squier[6] as probably dependent on the transmutation of the gonococci producing the original infection, under the modifying effect of environment, and the selective affinity for other parts of the body shown by these variants. In this way, a Neisserian seminal vesiculitis may become a streptococcic infective process.

The changes in the urine are characteristic. The first portion voided will be clear, with shreds, but if pains be taken to express the vesicular contents, the residue will be heavy and cloudy, containing the various constituents just mentioned. Chronic inflammation of the ejaculatory ducts may result in an atonic condition, which, associated with the changes already enumerated, will interfere with the ejaculatory act.

[6]Drainage of the Seminal Vesicles, *New York Medical Journal*, February 20, 1915.

The symptoms present in the chronic type point directly towards interference with the sexual and urinary systems. Varying degrees of sexual erethism exist, while feeble erection and lost desire are present in advanced subjects. Seminal losses constitute a very annoying and persistent feature. Nightly pollutions are common, occasionally occurring even after sexual indulgence. The normal color of the semen is changed to a brownish shade. This is frequently observed in those cases which are complicated by tuberculosis. An intermittent urethral discharge often accompanies seminal vesiculitis. Neurotic symptoms, both local and reflex, are quite pronounced. Some patients complain of burning in certain urethral areas; others, of coldness and numbness of the sexual organs. The nervous system sometimes becomes acutely involved through inflammation of the meninges, a number of cases of gonococcic meningitis having been reported.

From what has been said regarding the symptoms, it may readily be seen why toxemia results. Systemic infections may thus arise from such foci, many organs in the body becoming secondarily infected. It is not against the dictum of modern pathology to look for a focus in the seminal vesicles as a cause of such disease; for there is a pathological connection between diseases of organs situated in different parts of the body, such as that between tonsilitis and nephritis or pyelitis, or that between pyorrhea alveolaris and ocular conditions. We may find many such pathological correlations. I repeat, then, that this is why seminal vesiculitis may cause symptoms referable not only to the genital and uropoietic systems, but also to the muscular, nervous and bony mechanisms. This may be understood by considering the following facts:

Gonococcic infections of the seminal vesicles must naturally arise just as frequently as gonococcic infections of the prostate, since the caliber of the ejaculatory ducts is larger than that of the prostatic ducts. The muscular system is not uncommonly involved as the result of the action of the toxins that have become liberated into the system from the foci in the seminal vesicles. Indeed, during an attack of Neisser urethritis, when the vesicles and prostate are involved, it is not uncommon for pronounced constitutional symptoms to exist.

Unless the process results in *restitutio ad integrum* (a very improbable termination, inasmuch as the configuration of the

vesicles is such as to prevent free drainage), there arises a chronic process, which manifests itself in a number of ways; such as intermittent urethral discharges, frequency of urination, pain in the eyes, and pain in the anus and rectum, extending down the thighs. As the process advances, infective emboli are thrown off into the circulation, and attack, in addition to the systems previously mentioned, the joints. A so-called "gonorrheal rheumatism" is thus a frequent concomitant of various types of seminal vesiculitis. I have observed it in the second week following a severe Neisser infection, and have more frequently seen it coming on in the later stages of the disease, when the process has become localized in the seminal vesicles.

Why the joint system should apparently be so much more frequently attacked than other organs and tissues is explained by Squier[7] as due to the fact that the synovial membrane is extremely susceptible to infection; that the synovial fluid, being lymphocytic, rather than leucocytic, has not a great deal of phagocytic power; and that the joint surfaces are subject to constant irritation from walking and other movements.

Now, how is it possible for us to reach a probable diagnosis of seminal vesiculitis? In the first place, it may be said that acute seminal vesiculitis presents many of the symptoms characteristic of acute prostatitis, and it is admitted that it is a rather difficult matter to make the differential diagnosis between these two conditions. Any doubt as to the precise nature of the case may be dispelled by making a thorough rectal examination. The examining finger will usually detect two swollen, lobulated bodies situated somewhat above the prostate. Not infrequently, one also finds not only a prostatitis, but likewise a periprostatitis and a perivesiculitis. In addition, there may be some pain on the right side, in the region of McBurney's point, thus simulating appendicitis. A few years ago, a medical friend called me in to see a patient who was about to be operated on for acute appendicitis. The patient had deceived the attending surgeon with regard to the fact that he had had a urethral discharge; but when operation for appendicitis was suggested, he requested that I be called in consultation. Examination detected involvement of the seminal vesicles; appropriate treatment cured him.

---

[7]Indications for Operation on the Seminal Vesicles, *Boston Medical and Surgical Journal*, June 11, 1914.

During the acuity of an attack of seminal vesiculitis, it is imperative that the patient should remain in bed, live on a liquid diet, and take aconite and pulsatilla internally. Care should be taken to see that the bowels are kept open, and all local urethral treatment should be suspended. I do not at this time prescribe any rectal treatment directed to the seminal vesicles. Belfield suggests opening the vas, in order to furnish drainage, and injecting with collargol solution, during an attack of acute seminal vesiculitis. In this way epididymitis may also possibly be prevented, by keeping the discharge from going down into the epididymis, which acts as a catch-basin for all discharges when the duct is patent. When acute vesiculitis is complicated by frank attacks of epididymitis, the operation of epididymotomy, as outlined in an article previously published by the author, is of advantage.[8]

The pathology of epididymitis consists in the presence of miliary abscesses, which, after exposure of the epididymis, must be evacuated by puncture. If seminal vesiculitis, however, should go on to abscess formation, I believe that free exposure and drainage is the only proper surgical procedure, particularly as these conditions are not infrequently associated with prostatic and periprostatic abscesses.

Unfortunately, most cases of this disease lapse into a chronic stage, becoming subacute from time to time, and manifesting the symptoms previously mentioned; intermittent urethral discharge and pyuria; pains referred to the perineal and suprapubic region; local rheumatic infections of the joints, and constitutional symptoms, including various sexual neuroses. As before remarked, many of the symptoms are of a pronouncedly urinary type, tending to mislead the practitioner into believing that he has to deal with cystitis or pyelitis. The differential diagnosis can usually be made by catheterization of the ureters; but in cases in which the ureter is compressed by the vas deferens, the condition may simulate ureteral stenosis. A case in point is as follows:

A patient under my service in the wards of the Hahnemann Hospital, thirty years of age, complained of frequency of urination, which occurred every two hours, both in the daytime and at night. There was also marked backache on the left side, referred along the kidney and ureter to the perineum.

[8]The Surgical Treatment of Epididymitis, L. T. Ashcraft, M. D., American Practitioner, February, 1913.

Catheterization of the ureters failed to show any marked bacteriological changes in the specimens, but massage of the seminal vesicles elicited distinct pain on the left side. The scrotal vas on that side was somewhat thickened. The patient denied all venereal history, and bacteriological examination failed to disclose any evidence of such infection. Tubercle bacilli could not be found. Vasostomy, with medication of the seminal vesicles, cleared up his symptoms entirely within two weeks.

Neisser infection of the urethra is the most frequent cause of acute seminal vesiculitis, the condition occurring as the direct result of either posterior urethritis or epididymitis. A number of years ago, while in charge of the Out-Patient Department of Genito-Urinary Diseases at the Hahnemann Hospital, I had the opportunity of observing many cases of epididymitis and seminal vesiculitis, and found that the latter occurred in about seventy-five per cent. of all the cases of posterior urethritis and epididymitis. Why the urethral discharge should reach the sperm sacs may be readily understood by recalling the topographical anatomy, the ejaculatory ducts sucking in the pus.

It was my observation at that time that most of these cases would yield to appropriate treatment, but that many of the patients would return to the clinic, from time to time, with recurrent urethral discharges. The fact that these occurred without any apparent cause, there having been no exposure to reinfection, led me to the belief that most of the cases of acute seminal vesiculitis are really never cured, but lapse into a chronic stage, presenting symptoms referable to the genital, urinary and nervous systems. Fuller also lays stress upon a trigonitis and congestion over the bladder aspect of the vesicles.

Now how shall one determine which method of the various ones that have been suggested is best to follow in the treatment of this disease? These methods include massage, vasostomy with its modifications, seminal vesiculotomy, and seminal vesiculectomy. Let us first discuss massage.

Long before operative measures were thought of in connection with this disease, massage of the seminal vesicles was the only remedial agency employed for the relief of chronic seminal vesiculitis; and it still has its place in the treatment of the milder grades of the disease, since this procedure in

part softens the infiltrates, reduces the congestion, and expresses from the diseased sacs their morbid products. The use of massage, however, is sometimes followed by local reaction, and when the vas deferens is patulous, it sometimes produces epididymitis and prostatitis, the pus being driven from one focus to lodge in another. Should this occur, massage is futile. This method, then, is to be employed in selected cases only, to be used every four or five days, and always to be followed by irrigations with 1:5000 nitrate of silver solution. The reason why this procedure is not very efficacious is that in order for it to produce results, it requires months of treatment; and it may not do so, even then. Moreover, it is a disgusting method of treatment, to which surgeons object as much as do their patients; and the anatomical and pathological condition of the sacs and vasa often renders the procedure valueless, so that the symptoms for which it is employed do not disappear.

The next method of treatment, vasostomy, is one that, in my opinion, is useful and comparatively easily applied, with very little distress, and absolutely no danger to the patient. While, however, a simple vasostomy will do a great deal towards curing the pathological conditions that we have been considering, it is open to several objections.

In the first place, the anatomical configuration of some of the sacs makes it impossible either to drain or to medicate them. Nevertheless, I have often succeeded in keeping the ducts open, injecting them daily for several days. Herbst[9] claims that he has, in one or two cases, kept the ducts open long enough to give as many as twenty injections. Another objection is that a chemical funiculitis sometimes follows this operation. In border-line cases that appear suspiciously like tuberculosis, also, it is apt to make matters worse.

Because of its simplicity, however, I believe that this method of treatment should be resorted to before undertaking a more radical operation. I have used it on many occasions, and have seen some wonderful results from its employment. It often has a curative effect in gonorrheal arthritis.

This brings me to the subject of seminal vesiculotomy, and the indications for its use. The chief indications are in the treatment of cases of chronic inflammatory rheumatism, gout, arthritis deformans, tubercular joints, progressive muscular

[9]Ballenger, "Genito-Urinary Diseases and Syphilis."

atrophy and myelitis, according to Fuller, who bases his conclusions on over three hundred cases successfully treated by this method.[10] Through Fuller's courtesy, I have had an opportunity to see not only several of his operations, but also his results, which are all that he claims for them.

This procedure is likewise indicated for the relief of chronic intermittent urethritis, pyuria, and other urinary symptoms that mislead one into the belief that there is a lesion in the kidney or some other part of the urinary apparatus; for pronounced pain referable to the perineum; for sexual neuroses, and for constitutional symptoms. Before resorting to it, however, one must make certain that the anterior urethra, the prostate and Cowper's glands are not contributing factors in the pathological process. Operating on the seminal vesicles will not cure all genito-urinary maladies. Seminal vesiculectomy is to be reserved for either the most intractable cases, or for tuberculous infections,—usually the latter.

Although this is not a technical surgical article, I shall consider briefly several points connected with seminal vesiculotomy. This operation may be done by way of the abdominal, sacral or perineal route. The earlier operations were performed by the first two, but all the radical operations practised for the relief of this condition are now done by the perineal route.

The method employed by me is that employed by most of the men who are doing perineal vesiculotomy. Some claim that it is the technic of Voelcker; and others, that it is that of Squier, or that it is a modification of Proust's operation. My personal view, based upon anatomical dissections of the cadaver, is that it is an anatomical operation. There are a few points in connection with its technic that are most important to follow.

The patient is placed on a Halsted perineal board, in the extreme lithotomy position. The incision that I employ is a curved one, starting at the tuberosity of either ischium; and its central part strikes the perineum just above the central tendon. It is now carried deeper down, until it comes to the central tendon and the fossae on each side of it. The tendon is then divided, the fossæ being opened by means of a blunt dissection, either with the finger or with the back of the scalpel. This exposes the urethrorectalis muscle, which is divided

[10]Seminal Vesiculotomy, *Journal American Medical Ass'n*, November 13, 1912.

in the direction of its fibers. Care must be used in doing this, so as not to injure the rectum or the artery of the bulb, thus causing a disagreeable hemorrhage. Consequently, it is desirable to bring the muscle well into view. It should be incised at its point of tension. The scissors are pointed upwards, and the fibers are slowly snipped, keeping away from the rectum. This brings the prostate into view. Where the prostate joins the base of the bladder, two stout silk sutures are placed through the prostate and bladder wall, as far to the side as possible. (Squier.) By pulling downward and forward on these sutures, one can rotate the bladder and prostate upward and forward, thus exposing the fascia of Denonvillier, which covers the vesicles. Dividing this fascia brings the vesicles into view, so that the surgeon may readily see what incision or incisions are needed, and perform multiple puncture of diverticula, should this be necessary. Drainage tubes are inserted into each vesicle and held in place by stitching to the fascia. Small drains are then placed at the commencement and termination of the incision, and the wound closed.

Vesiculectomy is performed in the same manner up to this point, ligatures then being placed at the superior anterior pole of the vesicle, where the blood vessels enter. The remainder of the organ may then be enucleated, or it may be cut through near the ligature and excised.

Prepared. If you are for preparedness, you have a duty to perform and that is to prepare yourself to fulfill your vocation in the event of Uncle Sam needing your aid. This you can do by joining the Medical Reserve Corps. Modern warfare requires more than civilian medical or surgical ability in the medical department of the army or navy—it requires administrative ability, familiarity with military tactics and formations, disposition of base, field and ambulance stations, and a thousand and one things not occurring in our every day lives. All this may be had through regular correspondence courses carried on under the supervision of the Medical Reserve Corps and will well repay you for the time spent. No discrimination is made against homœopaths, so write to the Surgeon-General of the U. S. Army for enrollment as a member of the Medical Reserve Corps.—*Pac. Coast Jour. Homœo.*, March, 1916.

NEGLECTED VALUES IN HOMŒOPATHY*

By C. E. Fisher, M. D., Sterling, Colo.

To my mind it is a matter of supreme regret that even a fair proportion of physicians associated with the societies and institutions known as homœopathic are either so ill-disposed to stand by their guns and fight it out on the homœopathic line if it takes all summer, or so ill-prepared in their homœopathic armament, that in the face of a direct and active foe they seem not to be able to get such results as justify them in believing homœopathy all-sufficient in every time of trouble.

Realizing fully that it is in bad form to sharply criticise the non-believer or the non-doer in our profession, it is believed it is yet proper to analyze our weaknesses and attempt to ascertain, in so far as possible, why we are not better and truer homœopathic practitioners than we are. It may be held that it is not essential in the treating of the sick man that any particular system, or "pathy" or science or school should be followed. And in individual instances this position may seem to be quite sustained by results, the patient recovering by whatever processes had been employed, and this being, after all, the chief desire upon the part of the patient and physician alike.

Yet it must be conceded that this line of contention conveys the idea that only empiricism should guide us in our bedside work. For individualism in medicine in this sense is but empiricism, haphazard, happy-go-lucky, hit-or-miss work, pure and simple. In other words, if the individual practitioner relies always upon himself, no matter how excellent his successes, when he dies and leaves us, his work leaves nothing behind for the rest of us. He will have been, literally and actually, only an empiricist, or one who has practiced according to experience only, perhaps in great part his own experience at that.

And who may say that he is so great, wise, erudite and infallible that even in his own limited field of endeavor he has been able to do the best possible for all his cases, by following the dictates of his own conscience and employing such agencies as in his weak individual humanality, if it may be proper to coin the word, may have seemed to him to have been best? It would seem that no real science of medicine, no genuine art of application, can possibly be constructed upon such a narrow plane.

*Bureau of Homœopathy, A. I. H., 1915.

Every brick that is molded has its place in a great and grand building of which it is an apparently insignificant unit. Yet it is only when many bricks are welded together in a concrete attempt to build for all time that each unit is brought to serve its real and best purpose.

So with the physician. No doubt every man in the profession has had many very valuable individual experiences, not lightly to be considered nor flauntingly cast aside. Yet, when any considerable number of men and women come together in united effort toward a fixed purpose, it would seem as if there should be an harmonious desire to attain the same ends in the same manner, and that any such congregation of human beings can best attain the objects for which their separate organization has been created by following the plain paths outlined by the pioneers in such effort, at least until it has been satisfactorily proven that there are better and more direct paths which may be followed to better advantage to the largest number of people submitted to their care.

Necessarily, in so inexact a science and so variable an art as medicine is certain to be, there will be more or less of empiricism always. This is hardly to be avoided, and courageous indeed is he who would have us believe he has found the only way in the healing art. Nevertheless, it must be too apparent to require elaborate elucidation that the more we can limit our empiric efforts the more surely shall we be able in the long run to do the best for all our people. In other words, the more earnestly we attempt to reduce our individual work to a prescribed and proven system of effort the better will be our results.

Exceptions to the rule but go to prove the rule itself. There must be, in the very order of things, in widely distributed medical labor, a great variety of effort; but the less haphazard this effort, the less we rely upon the broken reed of expediency, the farther away we keep from the bane of the practice of that which is convenient, temporizing, makeshift, and not in deed and in truth scientifically direct and accurate, the nearer shall we approach our full measure of capacity.

Paraphrasing the sustaining Hering, anything which trifles or temporizes with a human life in the face of danger becomes a crime. In recent years, in large railway hospital and medical service, where necessity associated me with considerable numbers of physicians of the dominant school, and in more recent hospital experiences, where it has been my fortune to be favored with rather unusually direct opportunities for personal observation of

other methods than our own, I have become more and more convinced that there is nothing in the expediency of accepted practices in the old school that homœopaths have real necessity of adopting. In all the severer diseases: pneumonia, typhoid fever, diphtheria, scarlet fever, erysipelas, gangrene and all the variations of sepsis, by so many considered only surgical but which is too often medical also, I have not been able to discover that the slightest real necessity has been shown for abandoning the directness of homœopathy, the simplicity of its methods, the less irritating effects of its remedies, the avoidance of after-headache, nausea, stupefaction and delirium of the common practices of intelligent and conscientious members of the dominant school. So strongly am I impressed in this direction that in almost daily conversation with able men of the other side in medicine I have become even more strongly convinced than ever that that which I consider their weakness in therapeutics is not as much the result of carelessness as I formerly thought, but is because they simply do not have as satisfactory an armamentarium as is possessed by ourselves.

Occasionally there is found some one of undoubted desire to do the best he possibly can for his patients, who will discuss these questions with manifest interest, and in almost every such instance, where there is an open mind, it is possible to interest that honest inquirer in our precepts and methods. I find the average physician keen for every avenue of helpful information. Even though strongly opposed to the homœopathy of which he has had knowledge, mainly by only superficial observation, yet the very unsatisfactory nature of the floundering through which the average practitioner of the old school has daily to go makes him a ready subject of correct homœopathic instillation. Unfortunately, however, and the statement is made with mortification, the careless, haphazard, makeshift, half-allopathic expediencies to which many thoughtless homœopaths have come to resort are not calculated to inspire the observing old-school practitioner with very great confidence in our honesty as a separate profession, nor in us individually as exemplifiers of a system of procedure worthy of their acceptance. There is no difference between an allopathic hypodermic and a homœopathic hypodermic. Codein is the same in our hands as theirs. Pukes and purges and blisters and palliatives are their religion and gospel, and when they find our practitioners adopting these crude meas-

ures they cannot fail to question our sincerity in urging upon them and the public the finer measure which is our heritage.

Almost every pharmacal agent who travels the road nowadays is a herald of our inconsistency and weakness—that we are among his best patrons. Nearly every one of these knights of the road will aver that he no longer finds the old-time homœopath, that it is the notable exception rather than the common rule to know one of us who practices that which he preaches or asserts by his association with the profession and institutions known as homœopathic. And, unfortunately, his indictment is all too firmly founded. Have we not become careless, confused, complex? And are there not values in homœopathy that every one of us neglects, to the adoption of methods, agents and empiricisms that are ever-changing and never stable, not scientifically collated, nor permanently sustaining?

One of the greatest blessings the Harrison law can possibly develop will be the exposure of the inconsistency of homœopathic practitioners in using narcotics. Already in Denver a so-called homœopath has been apprehended for dispensing morphin to hundreds of drug fiends. His crime, if proven, will be all the greater because the true homœopathic physician has small if any actual need of any of the accepted narcotics. Even when the milder hypnotics are employed, codein, heroin, svapnia and the like, we are but admitting our individual weakness and are damning our system as a fraud and a deceit. Did the Harrison law provide for publicity, a monthly resumé in the local press of the names of all physicians prescribing opium or cocain or any derivative of the poppy or coca plant, I fear we would have much and just cause to blush with shame at our inconsistencies and failure to rely upon the genuine values which homœopathy possesses.

For above ten years my hypodermic has been unused. I truly believe that—in the crushing injuries of railway construction work, in the powder and dynamite explosion lacerations and fragmentings of that calling, in the gun-shot and knife-wound surgery incident to drunken carousals, in the suffering following abdominal operations, and in the pains and aches and hysterias and convulsive contortions to which the human subject is heir,—it has fallen to my lot to meet with about everything and every condition, in all classes of subjects, from the crudest human brute to the finest shades of American delicacy—I believe the homœopathic materia medica, with its arnica, hypericum, aconite, staphysagria, belladonna, magnesium phos., ignatia, chamomilla,

veratrum, cuprum, tabacum, arsenicum and other analgesics and helpful agents in collapse, shock and other severe medical and surgical states, has served better purposes than all the opiates, bromids and other narcotics of the old school materia medica. The truthfulness of this statement every painstaking observer and particularizing prescriber can readily demonstrate for himself.

With all my heart and soul and mind it is a veritable reality that there is a sufficiency of neglected values in homœopathic agencies to justify every one of us in burnishing his Aladdin lamp, charging it with the oil of determination, and setting about finding the homœopathic truth. Given an honest and persistent effort in this direction, there is easy to be developed degrees of neglected values in our homœopathy that even the most consistent and loyal among us has hardly dreamed.

In conclusion, go back with me for a moment to Hahnemann and let us adapt a lesson from the Lesser Writings. On page 632, in outlining the treatment of typhus or hospital fever,—and it was as malignant in those days as now—he outlines the making of dilutions of bryonia and rhus tox., up to and including the 12th dilution. Beginning with one single drop of the tincture in the first phial and not increasing this quantity in any of the succeeding phials from the preceding dilution, he then advises one single dose, not repeating it at all, so long as improvement continues. To quote from Hahnemann himself:

"Of this highly diluted tincture of rhus toxicodendron we give in the last mentioned case, or if the symptoms I have described at the very commencement of the attack, we give, at its very commencement—in italics—a single drop from bottle No. 12, on sugar, and no more, nor any other medicine as long as the improvement is manifested and continued, unless it be (on the days when he is getting no medicine), some of the above mentioned innocuous substances."

Again, and important, "No domestic remedies of any kind, perfumes, pure wine, herb teas, clysters, fomentations or the like should be used any more than any other medicines."

And again, "The whole disease will generally be removed by a single drop of the second or of the first medicine, according as the one or the other is indicated, without the addition of any other."

Throughout, Hahnemann dwells upon using but one agent, and if possible but one dose, never repeating indiscriminately, not alternating, nor jumping about from one to another, sticking

right to the text and following a definite, accurate, skillful plan of procedure. Surely typhus fever is about as severe and deadly as any of our diseases today, and Hahnemann found a value in the accuracy he practiced which is all too much neglected in this generation. What was accomplished by him and his immediate followers, and even the generation of homœopathic physicians which preceded us, may readily be re-accomplished by us today if we but try, whereby homœopathy may again be lifted from the slough of unnecessary and unrighteous despond into which we have carelessly allowed it to drift. Shall not we, as homœopathic members of the American Institute of Homœopathy, set ourselves about this redemption, sedulously, with the full determination to find for ourselves and humanity all the neglected values that in homœopathy lie?

Discussion

Dr. J. DeWitt George, Indianapolis: Dr. Fisher made the statement that he practices largely without morphin, that is, a hypodermic to relieve pain. Now, it "cannot be done," because I have been told so in the last three days, and "we are cowards, if we do not make some protest."

A druggist whom I know very well, and who is employed by the Government to see that we register and pay for another license, said, "Doctor, you know I have to keep tab on the morphin that is used and sold, and see that licenses are taken out by the physicians. I made a statement the other day to several old school physicians that I thought they were using more than the small vial of tablets inside of a month. A young man who had been practicing a few years said with a sneer, 'It can't be done; I have used since this law came into effect five hundred injections.' I know another man who uses over five thousand morphin tablets in a year. I know another who has given one patient two hundred in the last month."

He asked me how much I used. I said I had one vial of tablets which had served me nearly a year. Now that druggist told what is general in medical practice. "It is amazing," he said. "I have begun to think they are not physicians at all. And I told them so." They replied, "What are you going to do? You have got to ease the pain."

Dr. Grimmer, Chicago: You can meet practically all conditions without morphin, if you use homœopathic remedies. We have a wonderful work to bring before the world. The essayist asks why it is that so many who are labeled "homœopathic" practice the other way. Chiefly, because of lack of proper training. Anybody who will take his cases in the proper way, using the repertory, will have to work. For acute pain, you must know your remedies. If you are not afraid to use high enough potency, you will relieve most cases of pain. You will not be so successful with low potencies, although they will sometime surprise you. Personally, I am not disappointed in homœopathic

remedies. The law is all right. The fact that the Hottentot cannot apply the science of mathematics does not annihilate mathematics.

Dr. Weirick, Chicago: There are some who would rule out of the school any who use material doses. Others think the homœopathic principle has its limitations. An illustration is intestinal colic from green apples. That colic is not due to diseased condition. That is mechanical. It requires mechanical measures. But an enema is not always effective. Why not use mechanical treatment by getting the physiological action of a purgative? By doing so, I believe I do more for homœopathy than if I were to leave that patient to suffer two or three hours.

We know very well, in diseases of children, for instance, that little progress has been made in the treatment of intestinal disease outside of hygienic measures. I know an institution where no better and abler homœopath lived than the man who established that institution. Yet years ago the mortality rate was appalling under well-prescribed homœopathic remedies. Today, the medical department is under the care of one who knows less of materia medica, yet the mortality rate is far less. Why? Because hygienic methods are used, better methods of feeding, better methods of collecting and preserving the food. We are a detriment to the growth of the school when we condemn without restraint methods which have been proven and are now acknowledged by prominent and successful practitioners to be efficacious, outside the homœopathic remedy.

Dr. Cheeseman, Chicago: I have practiced medicine thirty-three years. My father was an allopathic physician. I have owned three drug stores and put up allopathic drugs for fifteen years. I am not even an "A" school graduate, but I have been down the line for thirty-three years, and I want to tell you that there is nothing on God's green earth that can beat homœopathic therapeutics.

Dr. Caldwell, Jackson, O.: In chronic work, it does not make so much difference. But in the rough and tumble practice where a man has got to do something, and do it now, we have got to get busy. There are things mechanical in medicine as in surgery. I am a homœopath. I sometimes criticise my own work, but I try to discriminate between coincidence and cure.

Dr. Diebel, Detroit: No one has called attention to Dr. Fisher's theme, "Neglected Values of Homœopathy." Neglected values are lost values. The reason you cannot keep your young men in the straight and narrow path you have always trod is because you have started them wrong. You tell him not to use the hypodermic. You tell him not to use purgatives. The first thing he strikes is a consultation with an old school man, or possibly with a homœopath who uses that which brings quickest results. That quick result will make a wonderful impression on the young man, and the next time he will use it. If you all told the truth, you would tell the same story. There are a few close prescribers who are successful. They personally are successful, and not because they have more and better knowledge to hand out in the way of medicine. Our young man should be put into the field in a fit condition. He should know what he is going to run up against.

Do not make him think he must carry his hypodermic in a safety vault. Let him use it if he needs it. Do not find fault, but show him how to use it, or how to do the more effective thing. You say the young men do not stick to the high potency as do some of the older men. There is a reason. If there is anything we would do to benefit homœopathy, it will be to let students know the truth.

RADIUM BROMID*

By Guy Beckley Stearns, M. D., New York City

The sole object of a remedy should be to increase the reaction of the body against disease. For prescribing, the qualities which characterize the reaction caused by a drug are not the physical nor the chemical nor the obscure physiological ones; they are the effects which a child can describe or its mother observe where the child has been poisoned by a drug. The other qualities are important but not essential.

The chemical and physical properties of radium are intensely interesting; so striking are they that it is difficult to force them into the background while studying radium therapeutically. Its spectacular qualities not only obscure its essential characteristics but tempt the careless to try it on the slightest clinical indications.

Cases of arthritis, neuritis, psoriasis, enuresis, arteriosclerosis and rhus poisoning have been reported cured; most of its verifications are of arthritis. Many verifications of symptoms have been reported and many of the clinical cases have been very striking. Few, however, have been linked up in such a manner that one can determine, from the reports, on precisely what indications the remedy has been prescribed.

Of cases of chronic arthritis reported by His, where radium was used empirically, 2½% were cured and about 47% were benefited. It causes pain in all the provers and these pains are located both in the muscles and the joints; to understand the remedy, we must study the character of the pains, their predominant localities and their modalities. All parts of the body are affected, but the great toe joints and the sacrolumbar regions are the most important seats of pain. The pains are of two predominant types, sharp pains (in some cases described as lightning-like) coming or going suddenly, or coming slowly and going gradually. These are apt to change places and in some cases

*Bureau of Materia Medica, A. I. H. 1915.

go from side to side. The other type of pain is a severe, dull aching, ranging from a pain situated deeply in the joints, to an aching all over the body, which torments the patient to a restless moving about all night, leaving him exhausted next day. This type comes on gradually and slowly wears away. Often the pains are hard to describe. Throughout the proving appears relief from continued motion, though often motion aggravates at first. Pressure relieves and warmth is disagreeable. Radium causes a marked desire for and relief in the open air. It should be noted that there is great weakness from the lumbar region down, a sort of paretic languor and a great desire to stretch the muscles, which stretching gives relief. Sometimes nothing relieves the pains; they simply gradually wear away. Although local heat is disagreeable, there is marked relief of pains and other symptoms from a hot bath. Vasomotor disturbances occur so that some experience a sensation of internal chilliness, relieved by warmth, and others have a sensation of heat all over, so that they have to throw off the clothing. Another expression of this same type is a feeling as if the whole body were on fire, with the sharpest kind of needle pricks. In the provings there is no record of any actual increase of temperature. Many of the symptoms appear late in the afternoon and continue until after supper. Most symptoms are better after eating. A most striking unintentional proving was made on a chauffeur of 45, who was given a 12x tablet at night and another next morning, for lupus of the nose. He became so dizzy he "could not stand up or do anything." Every movement made him dizzy and he was "so weak" his muscles "just gave out." It was two weeks before he was normal, when the experiment was repeated. This time the symptoms were much more intense. He became so weak and dizzy that he could not stand and had to go to bed. When in bed the vertigo left, but his legs, arms and neck felt hard and brittle, as though if he moved they would break. He had no pain and was all right when lying still, but if he got up he felt, as he expressed it, "queer." It was three weeks before he was able to do his regular work. So, to the other sensations, we must add intense vertigo, with weakness and a feeling as though the muscles would break if they are moved. The peculiar dis-equilibrium of the radium atom seems to be equalled by the lack of equilibrium it causes in human beings, for vertigo is a marked symptom: "so dizzy had to walk with the hand against the wall," "tendency to fall to the left," are expressions used by the experimenters. This

symptom is entirely relieved in the open air and when lying down, but remains when sitting, and is brought on or increased on rising.

A woman of 65, with high blood pressure but no kidney lesion, had, on two successive mornings, severe vertigo, worse from motion, better in the open air. She had to support herself against the wall. Radium bromid 200th relieved her in a few hours. She had several circular red, scaly spots that itched maddeningly on the calves of her legs; these were not helped by radium, but were cured by tellurium. Probably the relief of the vertigo, although a verification, was only palliative, as tellurium causes vertigo in the morning and was probably the remedy from the start. To sum up these generalities, note the peculiar pains and their locations, especially in the toe joints and the lumbosacral region; paretic weakness from the lumbar region down; persistence of the pains gradually wearing away; aggravation from motion but relief from continued motion; general aching with restlessness; relief from hot bath; amelioration from pressure; aggravation in the late afternoon until after supper; relief after eating; overwhelming vertigo; marked craving for and relief in the open air. Remember that all the foregoing appeared early and characterized the first attempt at reaction. But many organs and functions are disturbed and a knowledge of them must enter into our understanding. Headache is a prominent symptom. Like the pains in the muscles and the joints, there is in the head two types—a dull pain anywhere from a simple dullness to an intense, dull, incapacitating ache. This type is usually in the occiput or forehead, at times in the vertex.

These headaches are better in the open air, better from cold, better from pressure and aggravated from lying down. The other type of headaches is characterized by sharp pain which sometimes becomes throbbing. Usually beginning in the right temple or over the right eye and extending backward to the occiput, or up toward the vertex. Sometimes it is on the left side; in one prover, pain began in the occiput and extended up over to the right eye. The aggravations and ameliorations are the same as described before, although in one case warmth relieved and pressure aggravated. The muscles of the eyes are affected by the same paretic weakness as are those of the extremities and ptosis occurs, so that sometimes the eye has to be opened with the fingers. The right eye is more affected than the left. Sharp pains occur over and in the eyeballs. Radium causes the lids

and conjunctiva to become inflamed and irritated, with a feeling of dryness. There is also a sensation of soreness and burning. In one proving, the right eye was inflamed and a yellow discharge formed that ran down the nose and formed yellow crusts. The nasal mucous membrane becomes dry and hard crusts form in the nostrils. In the lower respiratory tract marked symptoms develop. It causes irritation and soreness of the throat, with inflammation beginning on the right side. This is followed in a day by tickling in the larynx, which causes a severe dry, spasmodic cough. This is worse at night and when lying down, and it is impossible to suppress the cough after it once starts. It is relieved in the open air. The irritation is in the larynx and the suprasternal fossa, as though dust was in the throat. Dryness appears to be a characteristic of radium bromid, as appears from the symptoms in the eyes, nose, throat and lungs. It causes rawness and dryness of the throat and the hacking of small amounts of white stringy mucus. The throat symptom is relieved by a drink of cold water and swallowing. It causes a sensation of a lump in the throat. The cough is irritated by smoking and from being indoors; better out of doors and after eating. Expectoration is usually absent, and if present is scanty and stringy, yellow or white. Note that there is a consistency in the character of yellow discharge from the eyes, the yellow, stringy discharge from the throat and the crusts from the nostrils. The cough does not seem to originate below the larynx, though there is a constriction of the chest that centers about the heart and is accompanied by palpitation and sharp pain. The same character of dryness is observed in the mouth. The sensation in the mouth is dry and parched and one must sip cold water to moisten the mouth. The breath feels hot. The tongue becomes coated a bluish white and is thick and feels swollen, so that speech is difficult. This last is probably due to the paretic state of the muscles. The teeth become painful and feel too long. In one prover a gum-boil formed on the lower jaw back of the molars and she could not talk on account of the soreness and swelling. The mouth has a metallic taste.

The digestive function is disturbed as shown by the coated tongue, also by the symptoms related to the appetite, stomach and bowels. Radium causes a craving for fresh air, lasting for several weeks. Dr. C. M. Boger says this symptom is occasionally observed in persons who later have consumption. Aversion to sweets is marked, also a mild craving for sour. Like

many of the antipsoric remedies, it causes an all-gone, empty feeling in the stomach. This is relieved by eating, but a small amount of food satisfies. Much gas is formed throughout the digestive tract. There is an eructation of tasteless gas. The sum of its effects on the digestion is sluggishness. Lower down, gas rumbles around in the abdomen and causes sharp, colicky pains. These pains are better when the flatus passes or the bowels move. Pressure, bending double, and heat also relieve. Much flatus passes without pain, at times quite offensive. McBurney's point is the seat of sharp pains which come and go quickly. A physician, after one dose of the 30th, suffered for three months with pain in the epigastrium, like a bruise on the second day. He lost fifteen pounds in these three months and in two years has not regained his former weight. At times, griping localizes around the navel. The stools are markedly changed in character, but the effects are so varied as to be difficult to sum up. It causes both constipation and diarrhea, which may alternate. The soft stools vary in different provers, from clay color to watery brown or yellow. The points that stand out most prominently are that the stools are apt to come with a gush, even though normal in character, and are accompanied with much flatus and the passage of the stools relieves all abdominal and rectal distress. Sharp stitches occur in the rectum. Upon hearing the abdominal and stool symptoms, Dr. Boger remarked, "Radium must be a great gout remedy." The muscular effects of radium are manifested in the bladder, causing great difficulty in starting the urine. Clinically it has cured enuresis, a condition naturally following retention through muscular weakness. The sexual organs are disturbed both in men and women. In men emissions are frequent with dreams. The effect on women provers was to make the menstrual period easier and stop the usual monthly headache. It causes delayed and intermittent menstruation. It causes also a white, cheesy leucorrhea. The skin hardly escapes a remedy of the magnitude of radium bromid. It causes macules, papules and pustules, which itch and burn, are aggravated from scratching, and better in the open air. It causes a general scaly eruption, with desquamation of large amount of dry, branlike scales without sensation. Sebaceous cysts develop under its influence. Very significant is its effect in causing bunions and corns to become inflamed and tender. The last to be studied, because appearing last in the proving, are the mental symptoms. There is irritability and touchiness, which tend to develop into depres-

sion. Great apprehension as though something was going to happen, characterizes the depression. Provers get blue and discouraged and dislike to be alone. The desire to have someone near is particularly marked. Fear of being alone in the dark. The mental state projects itself into the dreams, which are vivid and troubled. "Dreams of fire, and when waking it is hard to realize that she has been dreaming." Bad dreams at night and low-spirited by day.

Reviewing all these local symptoms; note how the general modalities already mentioned appear. In addition, the right side is affected more than the left, as is shown by the effect in the right eye, the right temple, the right side of the throat, and in some cases pains are more in the right side of the body. Cold usually ameliorates and warmth is not agreeable, though warm bathing gives marked relief. Dr. Boger reports a case of neuritis in which burning pains relieved by a hot bath were his indication. All abdominal symptoms and some general ones are relieved by passage of gas up and down and by defecation. One prover, after the 30th had pain in an old empyema scar every time the weather changed. Even now, two years later, always before a storm he becomes exhausted and has bruised pains deep in the joints. Of less specific interest as therapeutic guides, but of general interest as showing the ultimate result of the disturbances of reaction, are the tissue changes induced. Albumin and casts appear in the urine, showing that either the kidneys are deranged through the effects of the radium as it is excreted, or that the radium has a specific action on these organs. The urine was radioactive from the dilution used in the proving, so that the kidneys may have been irritated by the drug.

A patient, 39 years old, had for years excreted an excess of uric acid. For a year her blood pressure had steadily gone up from 110 to 185. Albumin and kidney epithelia appeared in the urine, but no casts were found. Lameness of the right knee developed at first, made better by walking and later aggravated by use. Slight puffiness and heat of the knee. Characterizing symptoms were pain like a needle in the right hip joint and pain like a string down the right sciatic nerve. Indescribable pains in the lumbar region and the right side of the neck and shoulder. Hopelessness of recovery and of the future. Too frequent urination and sudden urging. Occasional diarrhea attacks, especially if emotions were disturbed, sudden gushing; skin dry and the hair becoming gray within a few weeks. Brown spots on the skin.

Awkward and drops things; flatulence; frontal headache in the morning as though the forehead were loaded. All symptoms were worse in the late afternoon, and hot weather prostrated. Everything was better in the open air. Lycopodium relieved the bladder and bowel conditions. This was followed in a few months by radium bromid. Marked improvement of all other conditions occurred for several months, when an acute cold developed causticum symptoms, which remedy appears to be finishing the case. The kidneys are now normal, the lameness is nearly gone and the blood pressure is down to 125. Note the sequence of lycopodium, radium and causticum.

It causes a marked increase of the nitrogenous excretion of the kidneys and loss of flesh, demonstrating its profound effect on metabolism. It lowers blood pressure, which is consistent with the muscular weakness and let-down conditions which it causes. Blood changes are very interesting. It causes a marked increase in the type of blood cells that attack and destroy bacteria. Undoubtedly to this quality is due its effect in causing gum-boils and pustules.

All verification should be reported, not as isolated symptoms, but as complete symptomatic and clinical pictures.

Its abdominal symptoms, its effect on the joints, especially of the great toe, its irritating effects on bunions, and its upset of nitrogenous balance all point to its relation to gouty and chronic rheumatic conditions.

Its loss of flesh, its craving for pork, and its prostrating effect link it with the beginning of chronic wasting diseases, especially tuberculosis. I verified it in a case of incipient tuberculosis of the right apex in a woman of 42. She had not been well since a hard cold two years before, and a recent miscarriage had lighted the latent infection. Her urine showed low elimination and her blood an increase of leukocytes. Systolic pressure 100.

She was mentally and physically prostrated, was worse late afternoons, and could not stand the least hot weather. She had pains all over the body which shifted about and made her restless. Stiffness of the muscles and pains that followed the nerves. Tired weakness, though if she walked in the open air she braced up; vivid dreams and apprehension. Pulsatilla and lycopodium failed to help. After sulphur, her temperature, which had been subnormal mornings and normal evenings, became normal mornings and one or two degrees high afternoons. Otherwise no change. Under radium bromid in ascending dilutions,

beginning with the 200th, she steadily improved. A year later no evidence of the lesion could be found. Skin diseases come under its influence, especially seborrheas and dry scaly eruptions. The fact that it makes scar tissue sensitive hints at its relation to keloid and perhaps to cancer. Von der Goltz says it is indicated in cancer to arouse reaction, much as sulphur does in sluggish reaction in other conditions.

Acute conditions accompanied by much pain such as grippe, inflammatory rheumatism, neuralgia and neuritis, fall within its scope. It is related symptomatically to rhus tox and rhus radicans and often cures where these help but do not hold. Intractability seems to be one of its keynotes in rheumatic conditions. Digestive symptoms and modalities relate it to lycopodium and pulsatilla. Its catarrhal symptoms are like kali bichromicum and kali carbonicum. It resembles causticum even more closely and complements it.

There is a variability about the action of radium, in that it affects different people differently, e. g.: in one, there is a marked aggravation before a storm and in wet weather. In my verifications, this has been absent, but there has been intolerance of summer heat. The chauffeur prover had no pains, but only weakness, a stiff feeling and vertigo. One young man prover simply developed a frontal headache with no modalities.

This variability makes it a hard remedy to understand. Low potencies should not be used. Dangerous aggravations have occurred from the 30th.

Discussion

Dr. Dieffenbach, New York: I would like to compliment Dr. Stearns upon his arrangement of this proving. It was his close questioning of the provers that helped us to give what has been published. Since the publication of this proving about five years ago, I have received many communications from physicians, some expressing their satisfaction with results achieved, and others expressing disappointment. It would seem that a number of physicians, hearing of the use of radium in cancer, used it internally and as a local application, hoping radium would cure. This is an unfortunate deduction. If, as homœopathic students, they had consulted the proving, they would have seen that in no case had we stated that this was a cure for cancer. Condemnation of radium in its use in this lesion was not just when applied in this manner. Radium must be applied in crude, massive doses if its effects are to be noted upon local tissue growth.

Dr. Stearns has emphasized the action upon the skin. I developed a number of small swellings, sebaceous enlargements, irritability, burn-

ing of the skin. That was the extent of tissue changes I noticed in my own case, and I had the heaviest dose in the 6x. It shows an action upon the skin, and the possibility of some form of hyperplasia should be borne in mind. In my own case, the proving removed the results of an old x-ray dermatitis which had persisted for years.

The effect of radium in rheumatic and gouty conditions is something that gave us a good deal of pleasure when we consider that the old school is now busy on the subject of radium in rheumatism. They claim that a large percentage of cases of arthritis, rheumatoid arthritis, gouty arthritis are cured by radium in hypodermic doses, or taken in the form of capsules in a very weak preparation of the salts. When we made the provings there were over one hundred and twenty-five symptoms referable to the nerves, muscles and joint involvement of a rheumatic character. A number had suffered backache. Three of the provers had distinct lumbago. Others had pain in the muscles. Others' symptoms referred to neuritis and rheumatism. Thus we have a definite corroborative list of symptoms indicating the application of this remedy to rheumatoid conditions. But we must not consider it a specific. As specialists and therapeutists we must select the cases in which the therapeutics will fit. First we must know the symptoms. The radium bromid patient is hungry for air. In some provings they want to open the window and get air. That is a cardinal symptom, and it can be explained on a physical basis. Radium is the greatest oxydizing agent we know, therefore this craving for oxygen is a symptom which we can verify. The pains are better from exercise and gradually wear off. The action on the kidney and blood, the objective symptoms, have been interesting. Five provers developed albuminuria. We made preliminary tests for a week. Some developed hyaline and epithelial granular casts. They developed symptoms of nephritis. One man claims he is not well yet. In cases with lowered elimination of solids, radium increased the solids markedly, showing that katabolism was increased. The blood work, which was conducted with a great deal of care, showed some contradictions. There was leukocytosis in some cases, and leukopenia in others. But every one of the provers in whom the blood work was done, had an increase of polymorphonuclear neutrophils, the protective cells of the blood. All these "pollies," so-called, were increased, indicating that something had taken place to rouse the protective agents of the blood, and their fight on radium produced this peculiar reaction.

These objective symptoms, which in former studies have been neglected, can be utilized undoubtedly, or subjective symptoms may lead to the selection of this remedy.

The mental symptoms were also verified. We had one report about which we hesitated. The prover dreamed of fire, and her skin that night was hot. It is possible the radium produced that symptom. Dr. Stearns suggested that it be left in the proving because it was so unusual. Shortly after that I had a patient that curiously enough gave me that symptom. She said, "I have had restless nights, and I dream of fire." I gave radium bromid 30th, and she came back and said, "My mental symptoms disappeared."

As a whole, the proving has met with a good reception by those who have studied it. I especially call your attention to it in rheumatism and gout, and ask you to differentiate it from rhus tox, bryonia, and other rheumatic remedies.

Dr. George Royal, Des Moines, Iowa: You know there are two groups of symptoms which apply in the treatment of all cases. Besides those coming from the prover, I am sure that the verified symptoms are the most important ones. Then, again, our essentials of a symptom should be taken into consideration, especially location. In deciding between rhus and radium, I have found that if the former is indicated, the sheaths of the muscles are affected; whereas, if the latter be indicated, the periosteum and the bone itself are affected; and when, as in the case cited, the symptoms are almost identical in the two patients, I decide by making sure which tissue is affected.

Dr. Grimmer, Chicago: This excellent paper and splendid discussion by Dr. Dieffenbach ought in some way to be given great publicity. It shows an accurate method in studying drug action. I have verified radium in one case of rheumatism in which the joints chiefly were involved. The patient had the modality of relief from motion. Rhus palliated, but succeeding potencies failed, and radium promptly cured the case.

Dr. Dieffenbach: This modality that Dr. Grimmer spoke of, "relief from motion," is quite marked. After a patient moves around, the improvement is gradual. The pain will stop and return again when the drug is given the second time, indicating that the drug was producing the pain, and the increased elimination from exercise reduces the pain. I would also emphasize Dr. Royal's remark, that the drug has marked action on the joints producing and curing many cases of arthritis.

Dr. Krauss, Boston: Dr. Stearns has presented a paper that might be taken as a model for materia medica men to follow. It is an excellent paper, and it has been a pleasure to listen to it. I have used radium in one case. It was a case of chronic nephritis, due to arteriosclerosis, rather than to any other cause, with which there was connected a distinct neuralgia of the face. I believe radium is good for overcoming pain.

We have learned from this paper and from Dr. Dieffenbach's discussion that we should not jump at conclusions, but that we should prove all our drugs first on healthy human bodies, before we apply them to diseased bodies.

Dr. Anna Johnston, Pittsburgh: At the 1911 meeting of the Institute while listening to Dr. Dieffenbach read his paper on "The Proving of Radium Bromid," I thought of a patient of mine whose symptoms seemed to be similar to those produced by this remedy. He was very susceptible to erysipelas following colds. The next attack that he had I prescribed radium 12x. He recovered quickly and has not had an attack since.

Dr. Stearns (closing the discussion): Dr. Dieffenbach should have the thanks of the Institute for the generous manner in which he has given this remedy to us.

SKELETAL DIAGNOSIS AND ADJUSTMENT*

By G. H. Patchen, M. D., D. C., New York

Although the adage that "a disease correctly diagnosed is half cured" cannot be accepted as wholly true, it, at least, emphasizes the necessity of making an accurate diagnosis the first step of all curative effort; for it goes without saying that before the treatment of any disease can be undertaken with any assurance of success, the location of the implicated organ must be definitely known. While it cannot always be said that the best diagnostician is the most successful practitioner, the ability to make a correct diagnosis—to tell a patient exactly what ails him—adds greatly to a physician's reputation and, besides, is a source of satisfaction to himself.

The object of this paper is to call attention to the value and importance of skeletal diagnosis; to state the principles upon which it is founded and cite some instances of its usefulness.

Skeletal Diagnosis is a method of determining what organ or organs are in a diseased condition by an examination of the skeletal joints.

The skeleton is the frame work of the body, and, by virtue of this fact, furnishes support and protection to all organs and tissues. But this is not the only service it renders. In accordance with its own condition, it regulates the activity and efficiency of all organs and functions. It is a law of Nature that any organ, in order to perform its allotted functions in a perfect or healthful manner, must have at command all the freedom of space and motion its duties require. And this is possible only so long as it is maintained in its proper position and relation to associated organs by the normal tension of its supporting parts.

The important duty of providing this normal tension devolves upon the skeleton, *and is automatically performed so long as all the joints of the many parts of its symmetrical halves remain in perfect apposition.*

Since the perfect health of any organ is the result of perfect functioning of that organ, and since perfect functioning is possible only when this organ is held in its proper position by the normal tension which is provided by perfect skeletal alignment,

*Nat'l Society of Physical Therapeutics, 1915.

it is evident that any deviation from the perfect apposition of any of the skeletal joints will cause sufficient modification of normal tension in some nearby organ or tissue to result in the inauguration of some form of disease, its seat depending upon the location of the joint involved, and its name and severity upon the degree of bony misalignment.

Disease in its beginnings is always functional, but if continued, sooner or later becomes organic because of the action of a universal law, as dominant and exacting in the human organism as it is in the vegetable and mineral kingdoms, that the products of abnormal functioning are unavoidably defective either in form or quality of substance.

All joints of the skeleton are subject by accident to displacement, varying from the slightest change in apposition to that of complete separation. Partial separations are technically known as subluxations. The least frequent and the least serious displacements of this class are those of the extremities; the most frequent and most serious, are those of the spinal column. The latter are the most frequent, because the slight degree of motion in every direction which each vertebra enjoys, coupled with the flexibility of the spine as a whole, render this line-shaft of the body particularly susceptible to subluxations from blows, falls, and other injuries; and most serious because a vertebra, forced ever so little from its normal position, produces enough pressure upon the emerging spinal nerves to cause more or less functional disturbance of the organ they ramify and energize.

So fundamentally important, therefore, is the part that skeletal diagnosis plays in the detection and removal of disease, that it should never be neglected even in the most trivial cases. Even if not used to the exclusion of other methods, it will prove to be of the greatest service in verifying or correcting them.

Since the result of every functional act is registered upon some, if not many, parts of the body, there must be many signs and symptoms which, if correctly interpreted, will point unerringly to the organ at fault in any given case. Enough of these indications have been discovered and verified to constitute the science of physical diagnosis as it exists today; and thanks to the patient and painstaking efforts of many trained observers, it is becoming more and more perfect and reliable by the addition of new pathogenic signs and symptoms which are being discov-

ered and tested from time to time. The pathogenic signs and symptoms contributed by the science of skeletal diagnosis are, for the most part, registered upon the spine, since the impingement of the spinal nerves is the real, perpetuating cause of all diseases of the pelvic, abdominal and thoracic organs, as, also, of many of those of the head and extremities.

The signs employed by skeletal diagnosis are the result of mechanical conditions and, when rightly interpreted and employed, point out, without further aid, the location of the subluxated bone. The principal signs or conditions that indicate a subluxation are: first, faulty alignment of its articular processes, which condition is made known by inspection and palpation, and, second, tenderness upon pressure over the adjacent, impinged nerve.

This tenderness differs from the diffused tenderness of severe congestion or inflammation. It is confined to the nerve alone and by it, with a little experience, the course of the irritated or inflamed nerve can be traced from the subluxated joint to the organ in which it terminates, thereby confirming the fact that the diseased organ is the one indicated and implicated by the subluxation.

It is a question with many whether these tender spots indicating nerve impingement and consequent aberration of function, especially when found on the spine in connection with visceral diseases, should be considered as indicating the cause or the effect of the visceral affection, or whether they may not be merely incidental conditions without any significance either way. Clinical experience has definitely determined that they are caused by the subluxation and not by the disease.

Skeletal diagnosis is of the greatest value in differentiating between diseases of organs in such close proximity as to make the result of inspection, auscultation and percussion confusing and uncertain.

With so few exceptions as to be negligible, the foraminal exits of the spinal nerves which ramify and energize these organs, are so widely separated as to cause no difficulty in distinguishing them. Hence, there exists no difficulty in deciding which organ is the diseased one.

The following cases will sufficiently illustrate this important fact:

Case 1. I was asked by my friend, Dr. C, to visit a patient for the purpose of making a diagnosis. He admitted he was

unable, from his first visit, to decide whether his patient was suffering from gall stones, renal calculi or appendicitis. As he truly said, as far as the location and character of the pain and all abdominal symptoms elicited by inspection, auscultation and palpation were concerned, his patient might be suffering from any one of the above conditions.

By an examination of the spine, I was able to make an accurate diagnosis at once and without doubt or difficulty. There was no subluxation in the 7th dorsal region which would cause pressure upon the nerve innervating the liver. Consequently, the existence of gall stones could be eliminated. The 2d lumbar vertebra was also in normal position, so that appendicitis was out of the question. But the 12th dorsal vertebra *was* subluxated and the superficial nerves over it were very sensitive, on the right side, indicating that the spinal nerves supplying the right kidney were impinged upon. I could, therefore, say with certainty, that the cause of all symptoms was the passing of a renal calculus.

Although the patient, who was a prominent dentist who had "read medicine," declared I was wrong in my conclusion and that he was suffering from appendicitis, I had the satisfaction within the next 48 hours, of having my diagnosis verified, in the most emphatic manner, by the appearance of a large calculus in the urine.

Case 2. A lady came to me on a recent Saturday for a diagnosis, saying her physicians were not of an unanimous opinion as to which of two organs was affected. She stipulated that I should make a diagnosis without any information from herself regarding the case except that she had suffered occasionally for some time, and, recently, almost daily, with attacks of severe, diffused pain in the epigastric region. She had been told that nothing but a certain operation would give her complete relief, and had practically decided to submit to it on the following Monday. But, at the advice of a friend, she concluded first to consult me as to the advisability of doing so.

I reluctantly consented to comply with her wishes. I found all dorsal vertebrae practically normal except the 5th. It was subluxated inferiorly toward the left to a considerable degree, causing a severe impingement upon the 5th spinal nerve whose filaments control the functioning power of the stomach.

At the conclusion of the examination, I said, "You were, undoubtedly, to be operated upon for gall stones, but it would

have been a mistake, because you have none. Your trouble, in plain English, is neuralgia of the stomach and is readily curable; a prophesy which a few treatments made true.

Many other cases, equally interesting and instructive, could be cited, did time permit. They occur frequently in the practice of every one who relies upon the findings of skeletal diagnosis.

So much time has been consumed with the subject of skeletal diagnosis that but little is left for the consideration of skeletal adjustment. This process, so intimately and remedially associated with skeletal diagnosis, is an art which any one can acquire, to any degree of proficiency, with a little patience and training. It is a purely mechanical process, dealing with mechanical conditions. The problem is to return the subluxated bone to its normal position. It may be successfully solved in a variety of ways: by muscular leverage, pulling, stretching, twisting and other processes similar to those employed to reduce complete dislocation. But, with few exceptions, the best results are obtained by a sharp, quick blow, technically called an adjustment, upon the most prominent segment of the bone to be adjusted, using the hands as a hammer. The pisiform process of one hand furnishes the contact point and, by reinforcing the contact hand by placing the palm of the other hand upon its posterior surface, the combined force of both arms may be directed against the offending bone in a suitable and most effective manner.

How many adjustments will be required to replace the misplaced bone and hold it, will depend upon the length of time it has been displaced, the degree of displacement and the vitality or recuperative power of the patient.

While not denying, that in many cases, other means, and especially the indicated remedy, may accomplish the same result, it is evident that, in some instances, no substitute for spinal adjustment is possible. May it not be that too frequently cases fail to be relieved and cured simply because spinal diagnosis and adjustment have been neglected.

13 Central Park West.

Discussion

Dr. Dieffenbach, New York: Dr. Patchen has been preaching the value of physical exercise during the past years, also the necessity for a complete examination of the patient including the spine, so that we all look upon him in New York as an expert in this line of work. I am sure if the men had listened to his pleading years ago in regard to the necessity for this kind of work, the cults of the osteopaths and chiro-

practors would never have reached importance because all of the doctors would have become more or less familiar with this important branch, and there would have been no chance for these outsiders to have made such apparently brilliant cures on which, no doubt, the spread of these cults is based. Some of these chiropractors and osteopaths do good work in certain cases that the doctors do not manage to cure. I know of one or two such cases. It is our duty, it is our privilege also to go into this study of the relationship between the subluxations and disease and make it our own. I am quite sure that Dr. Patchen would send reprints to any of the members who are interested in this line of work.

Dr. Hooker, Hartford, Conn.: Mr. Chairman, we are under obligation, I am sure, to Dr. Patchen. We all have had such experiences as Dr. Dieffenbach mentions, patients who have failed to be relieved by the ordinary methods and have been relieved by men who are unskilled in everything except this particular manipulation. And yet I wish I could feel sure that there really are subluxations of the spine. The manipulation unquestionably does some good, very often great good. It is, however, exceedingly difficult to dislocate the spine even in a small degree without great violence. The violence would produce other symptoms than those which exist. If we are to be exact and scientific, I wish there might be proof that there really are subluxations.

Now, it is probable that in many cases, in which subluxations are supposed to exist and in which there are abnormal prominences, they are simply anatomical peculiarities of the spinous process and do not depend at all upon displacement. I am not in a mood of denial at all, rather one of desire for information, and I wish Dr. Patchen would tell us what real proof there is that there are any displacements other than the natural physiological movements of the spinal column.

Dr. Mills, Ogden, Utah: The diagnosis of these spinal defects does not depend alone on the palpation of the spinous processes of these vertebrae, but largely upon the palpation of the transverse processes. It is hardly likely that you will have deformity of both the spinous process and the transverse process sufficient to destroy the alignment. It is certainly true, as Dr. Hooker says, that there are many cases where there is a seeming displacement and seeming discrepancy in the spinous process that is due simply to the deformity of the spinous process. When you make palpation along the transverse processes, there isn't quite so much chance for error as there is in depending on the spinous processes alone. Irrespective of this particular phase of the proposition, I am sure that if all of us would spend a little more time on our patients and get the feel of the bare spine of more people, we should be able to detect, if not subluxations, at least very frequently contractured musculature. That will bring about an impingement on the nerve supply going out from the segments of the spine and your massage, digging in with the finger tips, or with the vibrator, will relieve that contractured muscle, free the circulation, and do a whole lot that cannot as well be done in any other way.

Dr. Hooker: I have used the vibrator for ten years, and I am perfectly familiar with all of those points. All I wanted to find out was

if any gentleman here, if Dr. Patchen or anyone else can really bring forward any proof that there are subluxations of the spine. I don't question the relief that has been given, but is it relief from subluxation?

Dr. Stevens, Detroit: I didn't hear the Doctor's paper, I am sorry to say, but referring to the question that has just been asked I think that I have evidence (and I presume most men using radiography must have more or less evidence) that there are luxations of the spine that cause more or less trouble. You can see them by making stereoscopic radiographs, not only of the spine, but of the sacro-iliac joint. I am quite sure we have not been mistaken. We have a very good orthopedist working with us in the hospital, and he has confirmed them.

Dr. Smith, Freeport, Ill.: With some of us at least, the reason we never have discovered these abnormal positions of certain vertebræ of the spine is because we have not sufficiently familiarized ourselves with the normal condition to be able to recognize the abnormal. As for myself, a few years ago I began to think about this matter because it was brought forcibly to my mind by certain patients going to some one who manipulated their spine. They came back with the report that they were decidedly benefited. I came to the conclusion that, if it was possible for an ordinary laboring man on the railroad to spend six weeks over in Davenport, Iowa, and learn something about the spine of an individual that I did not know, so that he could take an individual and correct a disturbance by manipulating the spine, with my anatomical knowledge, my years of study, I should learn how he did it and be able to do the same thing. Consequently, I got busy. I began to examine spines, not because the people complained always of trouble in the spine, but to familiarize myself with the make-up of spines as they existed in my patients. And I learned among many other things to recognize the fact that the seventh cervical vertebra, normally and anatomically, almost always stands out prominently. Another point I determined was that the twelfth dorsal vertebra usually stands out a little more prominently than the lumbar vertebræ. Sometimes we must count them up, and in a certain class of patients it is a difficult proposition for me to be definite relative to all the spines of the vertebræ in all sections.

An individual case illustrates my conclusion: Miss "Z," twenty-one years of age, had been treated for cardiac difficulty since her early girlhood. Her case had been diagnosed by a number of physicians as heart trouble. She took bromids to allay the painful and nervous conditions. She took cardiac remedies to get rid of her heart trouble, and all to no avail. When she came to me with this history, I made up my mind that it was up to me to make a most thorough examination to determine her condition; she came with the idea well fixed in her mind that she had heart trouble. Careful physical examination did not reveal any abnormal manifestations of the heart. I began to hunt around and while I cannot now remember which one of the spinous processes was out of line, yet one was pronouncedly so. It could be easily seen and felt off to the left side. I set to work to force

it back into position. I seated her on a stool and then with a jury-mast and tackle raised her until she was just swinging clear from the stool. I took a plexímeter, made from round hard rubber about four inches long tipped at each end with a soft tip made for covering the end of crutches, set one end against that misplaced spinous process, my vibrator on the other end, crowding it against the spine that was offset. She experienced immediately a different sensation in her spine. After the treatment I had her lie on a couch to rest, as after the suspension she felt exhausted. I applied the treatment about five minutes. While she was lying on the couch she turned on her side and immediately cried out because of a severe pain in her spine. I made an examination of her spine after she complained of this pain and found that the spinous process, instead of being where I left it, after the use of the vibrator, was off to the side again. I did not manipulate it any more at that time, but three days later had her come again. I followed again the process of driving the spine back into alignment with the other spinous processes as I have described, until it stayed in place no matter what position she took. The pain in her side and the cardiac manifestations have not returned.

That was several months ago; she still remains in a comfortable condition so far as her heart and the pain about the left side are concerned.

I have done work along this line with other individuals where I have found deviations from normal position of the spinous processes of the vertebræ and I am frank to say that I am satisfied that these people have been greatly benefited by this correction of deviation in the spinous processes.

Dr. Hubbell, St. Paul: I have in mind just now a case in which almost every vertebra was extremely sensitive. How would you make your diagnosis of any particular trouble there? How would you handle cases of that kind when, from the cervical region to the coccyx, the vertebral nerves are all sensitive? The coccyx has been dislocated from girlhood. She has suffered intensely from that. In this case her trouble is all along the spine. May not her nervousness all come from the dislocated coccyx?

Dr. Roemer, Waukegan: The soreness up and down the back will be relieved by easy vibration. I have done so time and again and have several cases on hand right now that are showing rapid improvement. I use a Carpenter vibrator, one of the old ones. I have had the vibrator twelve years, and I would not take two thousand dollars for it if I could not get another. I would not do without it, yet sometimes it stands in the office six months without use.

I want to thank Dr. Smith for telling of my case. I had a similar case with the same results. The patient had been to four good men of the town for heart trouble. I could not find anything wrong with the heart, and I just reached around the patient like this, and put my finger there, and she went up like that (indicating). And I said, "There is the trouble." I put my finger on this side, and she went up again. I relieved that condition in the back and inside of six months that girl

who, before she came to me could not walk to the grocery store without resting, was leading her gymnastic class.

Question: What was your mode of treatment, Doctor?

Dr. Roemer: They were poor people and could not come very often. I put her under the vibrator once a week and showed her mother how to massage the back to relieve the tense muscles. At the present time my fingers have become so adept I can feel through the clothes when the muscle goes like that, when the vibrator comes up to a sore spot.

Question: Did you make a diagnosis of subluxation of the spine?

Dr. Roemer: Yes, sir, I made a diagnosis of subluxation of the spine. I do not now use the jury-mast as used by Semill. I have a table and fasten the feet at one end and the head at the other. I turn a crank to extend the table and get the tension. Then I use the vibrator and put on just as much tension as wanted. At the present time I have put two scales in. I take leather and fasten it around the instep and hook it on to a scale, one on each foot. That is fastened to a rod crosswise the table, which is fastened to an upright, and works on a pivot. The scales show me just how much I am pulling.

A patient that came to me from Chicago four weeks ago was put on the table with twelve pounds tension. After deep respiration for five minutes it went down to two pounds tension. Those straps will not stretch. Tightened it up to twelve pounds again, and in another five minutes she was down to eight pounds tension. I have scales which show just exactly how many pounds on each foot. The affection was relieved simply by her breathing, and her neuritis is rapidly disappearing. The work with the tension table, with the vibrator, with the leucodescent lamp, together with the quick rapid thrust of the chiropractor where it is needed, is simply wonderful.

Dr. Patchen (closing the discussion): As I have said in the paper, we find various degrees of subluxation. Some are so slight that only a practitioner skilled in the art of spinal diagnosis would be able to detect them. Others are so marked and severe as to cause much pain, functional disturbance and even structural changes in the organs affected. Subluxations of the former class require no corrective attention. Let the sleeping lion alone. Adjust only those vertebræ which are found to be the cause of the symptoms and lesions of which the patient complains.

You are right, Dr. Hooker, in your statement that frequently vertebral malformations exist which make it difficult to determine whether or not a vertebra is out of normal alignment. In deciding upon the exact position of a vertebra you cannot depend, alone, upon the relative position of its spinous process because it may be bent in some direction or either under or over-developed. But there are ways of detecting and making due allowance for either of these abnormalities. And, as our president has told us, one of them is by noting the accompanying position of the transverse processes. If you find a tipping of the spinous and transverse process on the same side you may be sure it is the result of a subluxation. Another very important and reliable sign of a subluxation is the tenderness, at either the upper or lower

inter-transverse regions, which always accompanies a subluxation. An impinged nerve is always tender.

Now, I will not deny that it is possible for a nerve to be impinged upon by a contracted muscle, as some evidently believe and teach. In these instances I contend that the contracted muscle would not exist unless the nerve that innervates it were impinged upon and irritated by a vertebral subluxation.

There are many ways of reducing subluxations, but experience proves that the thrust is the quickest, safest, and the most reliable. I had an interesting correspondence with a celebrated surgeon of New York, at one time. In a letter to the "New York Times" he attacked the osteopaths for claiming that a vertebra could be displaced without producing a fracture in some part of it.

"Why," he said, "anyone can determine for himself that a subluxation is impossible. All he has to do is to go into the nearest butcher shop and examine the longitudinal section of the spine of a sheep and he will readily see that a vetebra is so thickly surrounded with muscles and ligaments that it cannot be moved a small portion of an inch without injury to itself."

In reply I said, "Doctor, you cannot tell by looking at the rigid, lifeless muscles of a dead animal the amount of elasticity and range of motion possessed when the animal was alive. Your analogy is worthless."

In spite of this statement he insisted that a subluxation without fracture is impossible.

Finally, I said, "Doctor, I have never yet found a perfectly normal spine, and I don't believe yours is an exception. If you will come to my office and let me examine your spine I have no doubt I shall find one or more subluxations. If I do, I will, with your permission, adjust it for you. I am sure that I can convince you that I can move them without detriment either to you or to the vertebræ themselves. For you will both feel and hear it move, while I shall not only feel and hear it move, but shall see it also. There will therefore be two independent witnesses to the fact that a subluxation can be corrected without injury to either the vertebra or the patient."

But the Doctor did not avail himself of my invitation. He simply replied, "There is no use of further controversy. It simply cannot be done."

Military Surgery. The large number of men involved in offensive and defensive fighting, the character and force of modern projectiles, and the hazards of trench warfare have brought new problems to military surgeons. No longer is the medical corps beyond the zone of actual battle and along the line of possible retreat; but today hospitals of all kinds are well within the firing zone. The devastations by high velocity bullets, shrapnel, bayonets, hand grenades, rapid fire guns, asphyxiating gasses and burning liquids have developed types of injury calling forth much ingenuity, skill and perseverance in order to restore the soldiers to either military or civil service.—*Jour. of Surg.*, March, 1916.

ROTATION OF THE POSTERIOR OCCIPUT*

By John W. Cogswell, B. S., M. D., Iowa City, Ia.

As my first premise, let me make an unqualified statement: I am a believer in anterior rotation of the occiput in every vertex presentation where it is reasonably possible. I believe the interference necessary to rotate the occiput is not so dangerous for the mother as is the delivery of the head with the small fontanelle posterior. This is only when the normal mechanism of the anterior rotation of the occiput is arrested or does not occur.

Not until the occiput is directly anterior and impinging strongly on the perineum is the time past for attempting to bring about rotation, and the operation of artificial rotation has been successfully accomplished in many cases after this occurrence. The so-called normal mechanism of occipitoposterior position, that is, the rotation of the occiput anteriorly through 135 degrees, takes place in a large per cent of cases where this abnormal position is present, so that it is only in the small class where normal rotation fails, or is arrested, or where arrest of descent takes place, that we are for the present concerned.

In those cases where arrest of descent occurs and the occiput points posteriorly, forceps are usually indicated, and the point of arrest determines the nature of the forceps operation necessary. If the arrest be on the perineum, rotation, as a rule, is impossible, if the uterine contractions be normal: and yet, as mentioned before, if the uterus be sufficiently relaxed to allow the head to be pushed up into the cavity of the pelvis, it may here be rotated and this may be effected either manually or by the Scanzoni-Pritsch maneuver with the forceps.

Just at this point, having mentioned the rotation of the head in the pelvis by means of the forceps, let me add my mite in praise of this operation. I find in my experience this maneuver to be entirely feasible, not of course free from danger, but if skillfully performed, to be preferable to the delivery of the head with the occiput persistently posterior. Among American obstetricians, Williams seems to be one of a very few ardent advocates of this procedure, but among our European colleagues are to be found a great many.

I do not for one moment forget the many possible dangers incident to this procedure, but merely take for granted that the

*Obstetric Society, A. I. H., 1915.

day of the obstetric blacksmith is over, and that no one will be found in this day and age who will rotate a fetal head by Scanzoni maneuver through all opposition, the opposition being represented mainly by the vaginal walls and perineum.

Getting back a little closer to our main theme, we will take up an arrest of the head in the cavity of the pelvis. Here again we may be called upon to rotate manually or instrumentally, and once again I advocate the forceps rotation as being an easier and simpler procedure than the grasping of the head by the hand and rotating manually. Personally, I have been out of luck in this proposition of manual rotation, due to my poor grasp of the situation perhaps, but I have been much more successful in effecting this variety of rotation by means of the Scanzoni-Fritsch maneuver, than by manual efforts.

In high arrest we have a different problem to deal with and one involving two different principles of treatment, either pushing the head out of the pelvis under an anesthetic and rotating manually, forcing the head into the pelvic inlet, or by forceps traction bringing down the head as it presents. If no disproportion exists between the head and the maternal pelvis, I believe the latter method to be preferable, and it is my recent experience with just this situation which leads to my selection of this subject for presentation here.

The axis-traction forceps applied to the head in high arrest with occiput posterior or nearly transverse gives a ready means of effecting descent of the head and at the same time does not prevent the normal mechanism of the head in this position taking place. By this I mean that rotation may normally occur while the head is in the grasp of the forceps, because rotation of the forceps may take place in the axis of the traction rods; while with the non-axis-traction forceps, if I may be permitted such an adjective, rotation could only take place if the operator sensed the movement and allowed the handle to turn readily or, even better, assisted the movement by carrying the ends of the handles to one or the other side of the median line as rotation took place.

This procedure so beautifully illustrates the mechanism of rotation and still more the mechanism of the Scanzoni maneuver as performed by nature, that I know no better demonstration of the technic of this operation than for the student to watch the handles of the axis-traction forceps when applied to an occipito-posterior high in the pelvis.

This, then, is my excuse for being on this program, to advocate the forceps in arrest of an occipitoposterior position; and my success in two cases of high arrest led me to experiment with this form of forceps in case of occiput posterior arrest in the cavity of the pelvis, and to my surprise and extreme satisfaction, I found that rotation took place here in the grasp of my forceps as in the high cases. The swivel joint of the axis-traction forceps allows nature to perform an operation which Scanzoni perfected artificially, and no one will deny that nature has it all over art in such a matter as following the devious curves of the parturient canal.

Lest I be accused of trying to make a point and then rubbing it in by too much repetition, I will sum up my main contentions without further explanation:

First—Rotation of the occiput is preferable to the delivery with the occiput persistently posterior, whenever such rotation is reasonably possible.

Second—Rotation of the occiput forward is usually best effected by the forceps, the Scanzoni-Fritsch maneuver being entirely feasible when the head is in the cavity of the pelvis.

Third—The axis-traction forceps presents a ready means of delivery of occipitoposterior positions by allowing rotation to take place naturally and without opposition on the part of the operator.

Fourth—The axis-traction forceps is in many cases preferable when the head is arrested in the cavity of the pelvis on account of the natural rotation which takes place and which is preferable to the artificial type as represented by the Scanzoni-Fritsch maneuver.

Discussion

Dr. Gurney, Chicago: In eighteen years I have had only one case of occiput posterior, and that was a hospital case. I slipped my hand up into the uterus and grasped the head, but the intern did not understand manipulation through the abdominal walls, so he fixed the head and I manipulated. We finally succeeded in holding the body forcibly until fixed with forceps and delivered. Dr. Cogswell has presented this subject in a concise, plain and comprehensive manner. With such instruction, I should not have had so much trouble.

Dr. L. A. Royal, West Liberty, Ia.: Three or four months ago I ran up against that snag of occipitoposterior presentation, and was unable to turn. Dr. Cogswell, who is fifteen or sixteen miles from me, came to help me out. After examining the patient he told me that he was going to show me something beautiful, and he proceeded to do exactly what he has told you in his paper. I have never seen anything more beautiful than those forceps turning, as he put the pressure on and

delivered an eight pound baby without the slightest laceration to the mother. Both mother and child are doing fine. I have been up against the occipitoposterior when there have been frightful lacerations. I have not been as fortunate as many in being able to do the turning act so beautifully described in the text books.

Dr. Richards, Detroit: It behooves us, in all cases of prolonged labor, to be particular about the diagnosis of position. Many a woman has gone through hours of needless pain because of an undiagnosed posterior position. The importance of this is impressed upon us the longer we practice obstetrics,—to pay particular attention to diagnosis, to know positively what the position is. The general practitioner who does not diagnose position is careless, and is liable to delay until the patient is exhausted. This posterior position occurs oftener than we realize and we could lessen the duration of labor by recognizing the position early and rectifying it.

Dr. Cogswell: A recent experience will illustrate Dr. Richards' point. A clinical case had been left in charge of the interns until about time for delivery, when I appeared on the scenè and asked about position, etc. They reported that everything was normal, and that the head was on the perineum. I sat down and let them deliver an occiput-posterior with second degree laceration.

I take issue with Dr. FitzPatrick on the statement made in the discussion of Dr. Mills' paper. I do not believe that the axis-traction forceps is a mysterious instrument. I do not believe it is more difficult to produce the descent of the head arrested inside the pelvis. On the contrary it is much easier. High forceps is a major operation, but it is a much easier operation with the axis-traction than without. Much less damage will be done with the axis-traction than with the straight blade if applied at the inlet of the pelvis. To apply the axis-traction forceps to the head arrested in the cavity of the pelvis is perfectly feasible, and will accomplish the same thing as normal rotation of the occiput, because rotation of the forceps may take place in the axis of the traction rods. This is my contention; the feasibility of using the axis-traction forceps in high arrest, or in medium arrest of the occipitoposterior.

Dr. FitzPatrick, Chicago: I am thoroughly in accord with the statements and contentions made. I have done precisely the same things myself. I am glad to hear the writer reiterate the statement relative to rotation of the head after it is well on the perineum. The moulding of the head in the posterior case is a different type of moulding from that in the occiput anterior. It may be due to narrowing between the spines which prevent rotation when the head is descending, and as a result you have the chin leaving the chest and therefore a change in the moulding of the head. After the head has come down on the perineum you may yet rotate and deliver in the anterior position. It is well to study the etiological factor in your posterior cases, and know why they exist, and when you find the factors you can, without doubt, rotate in the majority of instances. I do not use forceps to rotate as much as I use the hand. I can use the hand comfortably and with less likelihood of damaging the woman.

High forceps is a major operation under all circumstances and an

exceedingly dangerous instrument in the hands of a man who does not understand the principles involved. One who is not thoroughly familiar with the use of high forceps wants to stick to the old-fashioned straight blade, provided he has not an excessive pelvic curve. With an excessive pelvic curve he will be liable to do considerable damage with that forceps. Unless a man is familiar with the engineering features of high forceps, and it is a mechanical engineering proposition, he wants to be careful how he handles the forceps. It does not take much pressure with an axis-traction forceps to pull down through the cervix and lacerate into the deeper structures. You never get slipping of the forceps if the axis-traction blades are properly placed.

Dr. Booth, Minneapolis: In 1907, in a paper before the Alumni Association of Minnesota, I made the statement that all, or nearly all, occipitoposterior conditions could be changed to anterior, and cited nine cases in which I had succeeded. I have since had another, and in that also succeeded. This was done in pre-antiseptic days, and it brought on a great deal of trouble from sepsis, and was discouraged. When I made this statement, I quoted Price of Liverpool, and one man in Canada, who advised interference, attempting rotation of the posterior occiput to the anterior. Now the advantage, of course, in getting the proper relation between the pelvic diameters and the diameters of the fetal head are at once self-evident; it is simply a matter of how best to do. In my judgment the coming mother is entitled to the easiest road to motherhood. At that time I felt that the hand properly gloved was a little more intelligent, and a little less likely to produce damage to maternal and fetal parts, and that as long as it was successful it should be used. I see no reason yet to change my views. I want to commend the use of forceps in Dr. Cogwell's way.

Work of this kind is just as important, and requires as great a degree of skill as major abdominal work. It requires actual asepsis. I see no reason why an attempt should not be made in every case to change the occiputposterior to anterior. I believe that in nearly every instance it can be changed.

The Frauenklinik. The Frauenklinik was the center of a great controversy comparable only to that which had raged round the work of Sir James Young Simpson in England in 1848. . . . The first university of Germany could not afford to let the third university of Germany get the credit for a new and revolutionary contribution to obstetrics. . . . Professor Bernhard Krönig, the new head of the department of gynecology and obstetrics at the Freiburg University, was the comparatively young man who had the daring to challenge Berlin with the result of his experiences in painless childbirth. The exhaustive report prepared by his assistant, Dr. Carl Gauss, in 1906, was reaping a whirlwind of professional anathema, because it was so scientifically convincing that it defied legitimate attack. Krönig had followed up this cold scientific report by an unforgettable appeal to his colleagues to give due importance to the relief of pain.—*Painless Childbirth, Tracy and Boyd.*

INTESTINAL STASIS*

By A. E. Booth, M. D., Minneapolis, Minn.

A great deal has been said and written upon this subject, and doubtless there will be a great deal more in print, before the profession approach unanimity of opinion as to causation or treatment. My excuse for this paper is that during a fairly active fifteen years in general practice I have been faced so frequently by a general toxemia due to faulty intestinal function and forced to deal with it as best I could. Necessity is often the mother of invention and so it led me from observations made in 1900 and 1901, and verified many times since, to adopt certain general measures for the relief of the clinical picture now generally recognized by the term "intestinal stasis." Headache, constipation, obstipation, flatulence, eructations, sour stomach, mental dullness or incapacity, weakness, dryness of skin and appendages, irritability or melancholia, biliousness, torpid liver, general or localized abdominal tenderness, insomnia, or the reverse, etc.; these conditions, any or all of them, in various combinations, or the condition known by the general term, "neurasthenia," and possibly others are all a part of the condition. I think we all agree that as our methods of examination and diagnosis become more exact, such indefinite terms as "idiopathic," "neurasthenic" and the like are being used less frequently. We all know that many of these conditions clear up temporarily after an active cathartic, only to promptly reappear in spite of the most careful prescribing in the interval. Seeking the cause, we almost invariably find that these individuals have been disregarding nature and disobeying her primitive laws. Sometimes it was food or drink that was faulty, often exercise or air or rather, the lack of them, sometimes an hereditary tendency, and possibly other factors combined to produce the condition. Some of these faults can be overcome in a measure, or dealt with in a basic manner.

First, the food problem. Man today is practically an omnivorous animal. This I think we must recognize, no matter whether or not our vegetarian friends are right in their affirmation that man was originally, and should be now, herbivorous. Hereditary influence in this direction has been passed on to us through centuries of time and to disregard this fact would be to disregard the great mass and multitude of biological facts all about us. From the Grecian athlete, on down through animal and vegetable life,

*S. and G. Society, A. I. H., 1915.

we see evidence of accommodation in nature to environment or to scientific influence from generation to generation. With this omnivorous inheritance of centuries, we cannot hope, if we wish to do so, to make man herbivorous at will, with good results to all concerned. We can, however, offset some of the evils that higher civilization and refined manufacture have brought into the regular dietary. During the past year or so, it has been shown by definite experiment, both in this country and abroad, that fine white flour, polished rice or even hominy is insufficient in itself to support life. Pigeons or fowls fed on any of these articles alone die in about four weeks. On the other hand, when fed upon whole wheat, corn or unpolished rice, the same fowls or pigeons thrive indefinitely. Again, a little scratch feed thrown in with the finer products serves the purpose of maintaining the proper balance, and the fowls thrive. It is a notable fact that the Japanese, as a race, are undersized. As one of the causative factors, it has been pointed out that the Japanese baby is taken from the breast at a time when growth should be active and fostered. He is put upon polished rice and nothing else for a considerable period of time. That this is one of the causes is supported by the fact that changing to the unpolished rice at this period has increased the stature in more than one instance in the first generation. It has also been pointed out that the polished rice diet is not sufficient for forced marches in war times, while the unpolished rice is. The clinical picture known as beriberi is most commonly a disease of the Orientals, where diet is greatly restricted. Half recognizing these facts early in my practice, I began prescribing the use of bran, cracked wheat and whole wheat flour in bread making, ground flax in breakfast food, and the greater use of the coarser vegetables. For example, rutabagas, carrots, parsnips, etc., also the drinking of more water. The free use of fruit is also advised. In this connection I wish we had some definite guide to use in correlating diet and internal remedy.

Those peculiar materials which the biochemists have found and called vitamins seem absolutely essential for life and health.

There are some obstacles in the way of bringing whole wheat flour into more general use, and among them is the fact that it will not keep as well as the fine white flour. *However*, it can be used much more than it is. Suggestions such as these insisted upon and persisted in will accomplish a great deal, especially if supported by the indicated remedy.

Mechanical and electrical therapeutics are also valuable aids in this condition and the same may be said of orificial work. Many cases, however, have gone on to such an extent that it seems utterly impossible for nature to re-establish a normal status. Secondary changes, such as dilatations, adhesions, ulcerations and perhaps neoplasms have resulted from long continued stasis. For this class of cases surgery probably offers more hope than any other remedial measure. However, each case should be approached with an open mind and a most searching examination and careful diagnosis made. The x-ray should be made use of, both by screen and plate, to prove or disprove the clinical findings. Often such careful diagnostic measures lead to a definite diagnosis of adhesion, ulceration or neoplasm that can be attacked directly and hence a favorable prognosis given. In spite of the best efforts, some cases will be baffling as to the exact etiology. In fact, the causative factor may have been removed by corrected living. These are the cases that present surprises upon abdominal section, some pleasing and others disappointing, and should be treated by watchful action rather than watchful waiting. To this class of cases belong those in which there is dilatation of cecum, ascending colon and possibly an incompetent ileocecal valve, in which there is often some erosion of the mucous membrane with bacterial life and toxins, with a general asthenic condition. Stasis exists to a marked degree. In this line of effort the English surgeon, Sir A. Lane, has done a large amount of splendid work. Among other things, he has proven beyond all question that the large intestine, especially the first half, is not essential to life and that, on the contrary, when badly diseased, the animal economy is better off without it. No matter how much we may disagree with him, we are compelled to agree with him upon the above conditions. These are the cases in which Dr. Kellogg and his associates are paying a good deal of attention to the ileocecal valve. Ordinarily, in these cases, when there are no definite pathological findings, the procedure of choice, in my opinion, is a resection of terminal ileum, the cecum, the ascending colon and the first part of the transverse colon, in no case removing more than the pathology calls for, and end to side anastomosis between terminal ileum and transverse colon is made nearer the stump. In this operation the formation of an artificial valve at the point of anastomosis is an added safeguard against future trouble for the patient. This operation is usually well borne by the patient and there is very

little uncovered or raw surface left to invite adhesion. The great omentum is all left, which is essential. It is nature's only means of throwing a fire wall quickly around invading organisms and so confining the infection to a small locality. Hung in the median line and just long enough to reach all parts of the abdominal cavity, nature switches it to any part that may be affected, just as a horse would switch his tail.

There are many operations devised to suit the various conditions, but I believe it would be lost time to discuss them here. My plea is for the greatest care possible; the examination, diagnosis and management of these cases, making use of every available aid, including specially the x-ray screen, using several plates to bring out all aspects.

Discussion

Dr. H. M. Beebe: Stasis is not so much due to a mechanical condition as it is a question of musculature, not a question of ptosis of the stomach, or ptosis of the colon. There is no question but that stasis plays a large part in abdominal conditions. Stasis, to a less degree in the duodenum, more in the cecum, will certainly produce some toxic results. With Rosenow I believe that infection located in a chronically inflamed appendix, in the gall bladder or mucosa of the large bowel might be an etiological factor. So far as stasis of the colon is concerned, stasis is more or less a function of the large bowel. Its glandular function is not large, and the matter of absorption producing toxemia from abnormal stomach contents I believe is largely overdrawn.

Dr. Booth (closing the discussion): I have nothing further to say except that while we find so many cases of stasis, we also find ptosis present in 50% of the cases examined. When a condition occurs as frequently as that there is some question as to just where pathology begins.

An Historical Note: Dr. Holmes and Mrs. Stowe. Mrs. Harriet Beecher Stowe and the Autocrat clashed upon homœopathy. The battle waged in the courteous forms of Fontenoy, went on pretty well through the dinner, and it was only over the coffee that a truce was called. I need not say which was heterodox, or that each had a deep and strenuous conscience in the matter. I have always felt it a proof of his extreme leniency to me, unworthy, that the doctor was able to tolerate my own defection from the elder faith in medicine; and I could not feel his kindness less caressing because I knew it a concession to an infirmity. He said something like, After all a good physician was the great matter; and I eagerly turned his clemency to praise of our family doctor.—*Howells: Literary Friends and Acquaintances.*

DIAGNOSIS AND TREATMENT OF CHOLECYSTITIS*

By Arthur L. Canfield, M. D., Portland, Ore.

For convenience of discussion I shall divide this subject under two heads: cholecystitis due to bacterial infection, and cholecystitis due to gall-stones with or without bacterial infection, which form is most commonly complicated. In this we often have the suppurative and even the phlegmonous type. The latter condition is very serious, difficult to diagnose and often fatal, if surgical treatment is not resorted to as early as the diagnosis can be effected.

Under the head of bacterial non-calculous cholecystitis, the type we most frequently encounter, are those due to colon or typhoid bacilli, pneumococci, staphylococci and streptococci; the latter types are found most frequently complicating or succeeding the acute fevers which their respective germs cause.

On being called to one of these cases, we usually find the patient suffering severe pain in the region of the gall-bladder; the organs are usually distended and the walls tense, if perforation has not already taken place, and either a peritonitis or a localized abscess found in the right upper quadrant of the abdomen.

In diagnosing these cases the blood examination is of paramount importance, as we always find a marked leucocytosis together with fluctuation of temperature, rapid pulse and usually severe disturbance of the stomach in the form of nausea and vomiting, together with chalky stools. Jaundice may or may not be present. Rarely do we find obstruction of the intestines. A differential diagnosis is not an easy matter, as the symptoms may not indicate the section of the abdomen involved; very frequently the symptoms present a picture of acute intestinal obstruction. The history of the case is a valuable guide in arriving at a differential diagnosis between appendicitis and cholecystitis. In the latter, the local manifestations are in the upper quadrant and often radiate toward the scapular region, while that of appendicitis is usually referred to the pit of the stomach and the site of tenderness is in the lower right quadrant of the abdomen, although a retrocecal appendix often gives rise to the scapular pain, but the point of greatest aggravation on palpation is usually lower in appendicitis; also, the stomach disturbances are more marked in gall-bladder affections, while, on the other hand, a

*S. and G. Society, A. I. H., 1915.

large empyema of the gall bladder may form a tumor in the right iliac fossa; but in this condition the history of the case comes to our rescue in making a differential diagnosis.

In the second variety, that of cholecystitis due to gall-stones, we have a somewhat different picture; the patient often has recurrent attacks of pain in the region of the gall-bladder, but nearly always has persistent stomach trouble, that is, frequent attacks of nausea and vomiting, attended by varying degrees of pain in the region of the gall-bladder and stomach, varying from the slight attacks of colic attending gastric disturbances to the typical gall-stone colic with its excruciating pain lasting for hours, lowering the circulation and blood pressure, and sometimes causing the patient to go into collapse. In these cases usually a tumor can be detected extending downward and inward toward the navel from about the ninth costal cartilage and varying in size according to the contents of the gall-bladder at the time of the attack. The more difficult cases to diagnose are those found in patients who have a chronic mild cholecystitis, the gastric disturbance being more pronounced, nearly all food disagreeing and only occasionally colicky pains in the right side, with an indigestion which will not yield to medical treatment. This is the type of cases to which I wish especially to call your attention. These are the cases which are worthy of an exploratory incision for diagnostic purposes, when diagnosis can not be otherwise established, and when ordinary means for treatment fail.

It is my practice when having a case of obstinate indigestion, after giving special attention to the diet and hygiene, as well as most careful medical attention, to make three analyses of the stomach contents, giving test meals at different hours of the day if I find a hypochlorhydria persistently present. After counteracting this and dieting the patient carefully, if I still get no results and the persistent pain and distress in the stomach aggravated by deep palpation under the right costal arch continue, I advise exploration of the gall-bladder. In five cases out of six during the past four months, I have found gall-stones present. In one case I found inspissated bile in moderately large quantity in the gall-bladder, which I believe to have been responsible for the stomach symptoms, as the patient was entirely cured of her indigestion by the operation. In these cases I had careful blood counts made but found marked changes in the blood in only two cases; in those we found staphylococcic infection as well as gall-

stones. I dwell on this feature of the case to impress upon you the amount of relief that can be given suffering humanity if we make thorough diagnosis of our cases of chronic indigestion, even if we have to resort to exploratory incision to do so.

Surgical Treatment. Owing to the magnitude of this subject I shall confine myself to the surgical treatment and a few of the homœopathic remedies that I use in connection therewith. I consider that all cases of phlegmonous cholecystitis, calcareous cholecystitis and infective cholecystitis should be treated surgically, as delay and expectant medical treatment frequently cause serious if not fatal results. I consider the preparation of the patient, after surgical treatment has been decided upon, a most important factor. It is my routine to place the patient in the hospital two or three days preceding the operation, except in acute suppurative cases; in chronic recurrent cases, clear out the bowels thoroughly with castor oil thirty-six hours before operating; then give sterile liquid nourishment the last twenty-four hours and a lavage just before taking the patient into the surgery. I do not approve of the hypodermic of morphin prior to the operation, as is recommended by some authorities. It has a tendency to paralyze peristalsis and destroy reflexes which are of benefit to the anesthetist during the operation.

In preparing my patient, I have the skin scrubbed thoroughly with soap and water and a soft brush; following this the parts are shaved, then cleaned with sterile gauze, soap and water, followed by alcohol and a bichlorid pack applied to the abdomen. Then my patient is ready for operation.

After being anesthetized, little time is lost before the operation; simply remove packs, apply sterile gauze and towels around the field of the incision and paint the surface with a 10% solution of tincture of iodin. With the patient on the table lying across a hard pillow in what is known as the Mayo-Robinson position, I usually make my incision about an inch below the arch of the ribs, beginning opposite the seventh costal cartilage (unless a distinct tumor can be outlined), carrying the incision down to the ninth costal cartilage, then in a direct angle parallel with the semi-lunar line and about four inches in length; this incision can be extended in either direction to give sufficient room in opening into the abdomen in the usual manner, taking care of all hemorrhages, rendering the wound perfectly dry. I first endeavor to break up adhesions and elevate the fundus of the gall-bladder into the wound; this accomplished, I wall the

gall-bladder off in every direction, then, protecting the lips of the wound with gauze, I puncture the fundus of the gall-bladder with a trocar and draw off the bile, after which I enlarge the wound sufficiently to insert an instrument and withdraw the gall-stones if there be any present; if there are none, I enlarge it enough to insert my index finger to make a thorough examination of the lining of the gall-bladder. At this stage, if I find nothing wrong there, I carry my finger down and examine the ducts carefully so as to relieve any obstruction lodged there. If present, milk them back into the gall-bladder and remove through the incision. The next step is to provide the drainage which is indicated in the majority of cases. Having my special tube prepared, which I will explain to you, I insert this into the gall-bladder after passing a purse string suture about the opening and anchor the tube there with a light chromic catgut, before removing any gauze that has walled off the gall-bladder. Then bringing the gall-bladder into the wound and suturing it, I close the peritoneum up closely about the tube with a small gutta-percha drain. Close the abdominal wall with three rows of sutures in the usual manner, protecting the wound outside with gutta-percha tissue, applying a loose gauze dressing about the tube and order it changed as frequently as it becomes soiled. This line of treatment has awarded me good results and rapid closure after drainage is removed; I believe it is worthy of careful consideration. In non-infective cases I simply close the gall-bladder with double rows of Lembert sutures and anchor the fundus to the abdominal wall so that it can be easily reached if necessary for drainage purposes later; then close the wound without drainage.

I wish to call your attention to a few contra-indications for surgical treatment. It is frequently unwise to operate during an acute attack of gall-stone colic. It is unwise to operate (1) during severe icterus, (2) during the period of prostration following long suffering, except when the patient does not get relief; (3) in cases complicated with carcinoma of the liver, (4) in ecchymosis, which is almost certain to portend a fatal issue.

In conclusion, if I have left with you the importance of gastric symptoms as a diagnostic measure, the importance of early operation in cases of cholecystitis of suppurative and phlegmonous variety, and the importance of thorough technic, together with proper drainage when necessary, my paper has accomplished its purpose.

I have purposely avoided complications of the common duct, as the same technic is observed and the operation is rendered just a little more tedious.

I find the use of chelidonium postsurgically of great assistance in promoting the free excretion of bile and reducing the hepatic congestion; also nux, hydrastis and belladonna with their characteristic indications have given me valuable service; berberis I have used when I thought it as characteristically indicated, but have never received the expected results from it.

Discussion

Dr. E. Weldon Young: As in Dr. Wilcox's case, I regret that Dr. Canfield's paper comes at a time when there are so few members of the Society present. It is an interesting paper, and refreshing to hear in a surgical society reference to materia medica, which is an important thing in biliary, as well as in other conditions. I should be glad, if the Doctor has time, to hear his indications for cholecystectomy and cholecystotomy.

Dr. H. H. Sink: There is one point which I would like to emphasize and which I appreciated very much. That is the symptom of chronic stomach trouble. I find so frequently that symptoms of stomach trouble do not always indicate gastric disease. If you look a little farther, you will generally find trouble in the gall-bladder or appendix. I would like to hear from Dr. Canfield on this subject. Sometimes these troubles persist after the patient has been operated upon.

Dr. Lee: It affords me a great deal of pleasure to discuss this paper for several reasons. First, it is a practical paper, and it has been presented in a practical way. Secondly, and chiefly, because Dr. Canfield is an old friend of mine, he has served two years in my hospital; and, while I do not believe in fulsome praise, I want to say that he was one of the few men who could see what to do, how to do it, and then had the ambition and courage to do the work successfully. This feature has made for him a place in a large city, with a reputation second to none.

You do not know what a pleasure that is to me. There is not so much to say about the paper, because so far as Dr. Canfield took up the subject he handled it thoroughly, and there is little to add. Just a few things that were not included in the paper have been called for, and perhaps it will not be out of place to enlarge on those features. First, there is the question of difficulty of differential diagnosis between gall-bladder disease and disease of the appendix. The point is well taken, but in the case of Dr. Canfield, I am sure he is in the habit of shaping his incision so that it may be enlarged to enable him with great readiness to deal with either disease or both as he may find it necessary. This will not require a much larger incision than is usually made. Do not be afraid, however, to make a large incision. Make it sufficiently roomy to enable you to do any work that may be required, with thoroughness. It does not make any difference whether the incision is made small for work on the appendix, or large enough

to enable one to deal with the gall bladder and appendix, as a large wound will heal as readily as a small one. And when the surgeon has finished he will have the satisfaction of feeling that he has met all indications as they arose, and the double disease will be cured as readily as though but one organ had been involved.

One of the members very properly referred to the great frequency of stomach symptoms in disease of the gall-bladder. Stomach symptoms are frequently the first to attract our attention, but that is not to be wondered at when one stops to consider how the sympathetic nerve is distributed, and how readily reflexes occur. It could not be otherwise.

I would like to say a word about ptosis of the stomach. Yesterday, I think it was, we had a paper on intestinal stasis. Now in opening the abdomen (you will pardon me if I digress a little from the question under discussion), no matter for what condition, if we believe we are going to open down on some specific condition, and deal with that alone, then close the abdomen, we are not serving our patient as well as we might, for in one case out of every three we find some disease other than the one for which we operate, and if it is not treated the patient will not be cured. If there is no other reason than that of thoroughness, for making a comparatively large incision that is reason enough. When the stomach is involved and the surgeon does not find trouble with the gall-bladder or with the appendix, he may find disease of the internal genitalia as displacements or ovarian disease; there may also be found Lane's kinks, Jackson's membrane, adhesions, etc. He may find that the constipation from which the patient suffers is due to ptosis of the stomach, and of course in ptosis of the stomach the transverse colon is carried down, and if the transverse colon is in the pelvis and the stomach comes within two finger breadths of the pubes, then the natural result would be for the transverse colon to be partially closed at the splenic and hepatic flexures. Those are fixed points and this condition could not exist without there being a partial closure at these points. The doctor in addition to relieving the condition for which he operates must necessarily do something to bring the colon up into place, a colopexy, and when that is done, consider whether it will not be wise to do gastrorrhaphy by some one of the two or three operations which are used for that purpose. And so on; he should go over the whole abdomen. I do not believe that we serve our patient well unless we make an incision large enough to determine all the conditions present. If we do not take that course a certain per cent of cases will not be benefited and the patients will come back to us and say, "You operated upon me. I have been in the hospital and have paid out all this money, and I am still in about the same condition."

It becomes necessary for us, as thorough surgeons, to go over the whole field, look after the gall bladder, the appendix, the kinks, adhesions, membranes, and displacements of the kidney, and do all that is necessary. I heard some one say at the beginning of this session, that he thought when he had performed a single abdominal operation, he had done enough. Perhaps he had for that condition, but if there were others present, if his patient's strength will permit (and it will in

most cases), he should go on and clean up the job, and then close the abdomen. If he cannot do that before the patient goes home he should say, "I have done so and so for you, but you have such and such a thing wrong, and if that is not attended to I fear the work will not be complete, and you will not come out in perfect condition." If the patient will then have nothing further done she cannot get back at the surgeon later on. When we start in with an operation, we should clean up the work thoroughly.

Dr. Canfield (closing the discussion): Drainage has been a thing of some interest. For four or five years I have employed a method that has saved me a good deal of trouble. I take a pure gum rubber tube, wrap with gauze, and then use a layer of gutta-percha, spreading the layer of gutta-percha as you insert the tube into the gall-bladder. I then have an ordinary rubber bag or bottle suspended from the bed with carbolic solution, so that the end of the tube extends into the carbolic solution, preventing infection getting into the gall-bladder. For the first twelve hours you will get drainage around your tube; after twelve hours the drainage will come through the tube. By this method you avoid the undesirable feature of being obliged to change the dressings frequently.

In regard to Dr. Young's point, I had the differential diagnosis outlined for cholecystectomy and cholecystotomy, but owing to a change in my paper that was omitted. In a general way, I am governed by the condition of the gall-bladder, whether it is a healthy gall-bladder simply containing gall-stones, or whether it is a diseased gall-bladder.

In reply to Dr. Sink, I believe there is trouble with the common duct in his case, and that a secondary operation will have to be made before any good will be accomplished. You can give medicine from now to eternity, and you will be just where you started. Some surgeons make what is regarded a superficial operation. They solve one problem but not all, and do not take pains to see whether they have reached the real trouble or not. I think the patient will have to be treated surgically before anything can be accomplished.

In regard to Dr. Lee's discussion, of course I suppose he likes to hand his old boys a bouquet once in a while. You must take that for what it is worth. In gall-bladder cases I always make my incision in such a manner that I can enlarge it and treat the appendix if necessary. I do not believe that any student who ever left the Lee Hospital would be inclined to slight an operation in order to make an inch and a half or two inch and a half incision. That is one point the doctor thoroughly sends home to every one of his pupils, that thoroughness is the primary object, and we all know that a six or eight inch wound will close as quickly, if the patient is properly treated, as a two or three inch wound, the only difficulty is in keeping the patient under control so that postoperative hernia will not be caused by injudicious care. That is the whole thing. It does not make any difference how long your incision is. I do not hesitate if necessary, in case of fibroid tumor, to make an incision from the ensiform appendix to the pubes. I have never so far regretted a large incision, because it gives me absolute control of the conditions with which I am dealing, and that is the all important factor.

WATER AS A THERAPEUTIC AGENT*

By Alden E. Smith, M. D, Freeport, Ill.

In my efforts to arrange a program for the bureau of Hydrotherapy, I found but few of our members on the water wagon, be it to their credit or otherwise; and the few that I did locate seemed unwilling to make a public acknowledgment of the fact. I was, therefore, compelled to go outside of our roster of members in order to obtain assistance for a presentation of this section.

When I say "water," I mean the H_2O brand found in whatever section of the world nature may have need of it for rehabilitating purposes, and not the imported or extravagantly labeled and carefully analyzed brand with its every chemical constituent noted on the package. It has been truthfully said that water comes nearer to being a panacea for all of the ills to which flesh is heir than any other known agent. Comprising as it does three-fourths of the surface of this turbulent world, it does not seem as though it would be difficult to obtain, and yet I am told that in some countries the inhabitants perform their morning ablutions with goats' milk instead of water, in order to cut down the high cost of living. Personally, having never been thoroughly weaned, this seems like an extravagant luxury, as well as a sweet but sticky proposition. In this country, were we short on the water question, the billions of gallons of beer and whiskey that are brewed and distilled annually would seem quite sufficient for both internal and external bathing purposes for our little less than one hundred millions of people, and then have sufficient left to sink a battle-ship or two if the feat could not be accomplished with submarines. On the island of Hawaii they have some three hundred inches of rainfall annually, and on the island of Cuba I have seen the air so filled with rain that one could not distinguish an object ten feet away.

In considering water as a therapeutic agent, in countries where it is as free as it is in ours, there are at least six reasons why it should attract our attention.

First, its great power for absorbing and transmitting heat.

Second, it is more nearly a universal diluent and solvent than any other liquid.

Third, the ease with which its physical properties as a liquid can be changed to a solid or into gas.

Fourth, the readiness with which it can be obtained.

*National Society of Physical Therapeutics, 1915.

Fifth, inexpensiveness.

Sixth, its tolerance by the human system, both internally and externally.

Some therapeutic agents have not only doubled, trebled and quadrupled in their cost to the consumer, but some have entirely disappeared from the drug market since the European war broke out, no matter what the demand, or our willingness to pay the price. In some instances water has been known to take the place of some of these unobtainable drugs; permitting the patient to tell the tale, it has yielded excellent results.

Hydrotherapy has received most careful study from a few and in its application has demonstrated its efficiency and worthiness to become a recognized agent in the great system of the healing art. But, like religion, coming as it does without money and without price, it is so cheap that it has not received the widespread recognition and careful study that its merits as a therapeutic agent should have secured.

The kind of water that we shall talk about and are privileged to make use of will pass muster under the pure food and drug act. It has no medicinal properties and is not called isotonic, therefore no committee from any school of medicine will be called upon to consider its justifiable place in the pharmacopeia as a therapeutic agent.

We shall consider it without those constituents that were thrown in to make it a ballast for this old world, to keep it on the right track in its revolutions, or to keep people from meddling too much with her poles. With these constituents thrown in, it has furnished a track for transportation between countries and continents and is today serving to conceal submarines while they sneak up to and destroy some of the greatest floating palaces that ingenious man has ever constructed.

Water has been used as a therapeutic agent from times preceding the written history of medicine, and like some other agents in the healing art, in the hands of the merest tyro and charlatan, it has been applied and brought about some marvelous results in its application for the relief of suffering humanity. Because of its external and internal tolerance in abundance, and the ease with which its physical state can be changed, it is a therapeutic agent versatile and applicable to every infirmity.

If our patient is thin we advise much water drinking to assist in the process of digestion, assimilation and metabolism. To be sure water alone would not cause an accumulation of adipose

tissue or add potential to cell life, but, on the other hand, withhold water and the patient would die sooner than if you withheld all food but gave plenty of water.

If our patient is too fat we give plenty of water externally and internally to assist in the process of elimination. Fleshy patients, properly treated with water as an antifat agent, have been made to lose as much as five pounds in twenty-four hours. All painful conditions of an acute or chronic character have been not only greatly relieved but many times permanently cured by the proper use of water.

The results obtained from the application of water scientifically studied and applied as carefully as we apply other therapeutic agents will yield more uniform results and with less uncertainty or danger than any other therapeutic agent.

A few gaseous and frozen water facts: Water, as a detergent for external and internal use, surpasses all other agents. If cleanliness is next to godliness, then we are justified in concluding that it is a pretty close kin to perfect health. Taking normal bodily temperature as the golden means, it is a recognized fact that the two extremes in their action on live tissues are very similar and they may be made to reach a point in which they will destroy all functionating processes. All intermediate temperatures produce similar results on tissues and the agent can be used with a degree of certainty in its two-fold action as surely as the two-fold action of remedial agents.

Extreme, but not to the extent of destructive heat or cold will cause contraction of the tissues through reflex action and lessen nerve sensibility. Hence, the application of either will promote the desired results in cases of hemorrhage, congestion, inflammation or pain.

Women suffering with uterine and generative organ disturbances usually have cold hands and feet, thus demonstrating a reflex relation between the generative organs and the circulation in the extremities. Getting the hands or feet wet and cold often stops a normal menstruation. Abnormal uterine hemorrhage can often be controlled by holding the feet and hands in cold water, while a short plunge of the hands and feet in cold water, in selected cases, will through its reaction relieve dysmenorrhea. In cases of amenorrhea, a prolonged application of the ice bag to the lumbar region will dilate the uterine blood vessels and tend to establish the menstrual flow, while a short cold douche to the region (one-half to one minute) will act like a cold foot bath.

Reaction comes only after cold has been removed, while under continued hot applications reaction will take place while the heat, if not too intense, is still being applied.

As in the application of any other therapeutic agent, the most satisfactory results along the lines of hydrotherapy are obtained only when we apply the agent discreetly from a scientific standpoint.

FAMILY LIMITATION*

By Elizabeth Hamilton-Muncie, M. D., Ph. M., Brooklyn, N. Y.

It is against the law of the land to disseminate knowledge that may lead to the control of human conception, commonly spoken of as "Birth Control." This might have been a good law after the flood when only the best material remained to replenish the earth. Today, existing vice conditions are but the logical outcome of the demoniacal lie of man's necessity for the exercise of his physical creative functions. The crystalized end-products of this lie are everywhere about us, as seen in all those hideous conditions of mankind that call for city, county, or state control: such as insanity, imbecility, truancy, criminality, arrested mental development, inefficiency and every degree of parasitism and chronic invalidism.

These classes are increasing out of all proportion to the normal classes. Moreover, 2,500 children under one year of age die annually in New York State, due to causes which can be helped through family limitation. Not more than one out of 1,000 of stock are expected to die before maturity, while an average of 29 to 1,000 of human infants die. These deaths are among the defective, the deformed, the crippled, the diseased. It is the mothers of those children who have submitted to the uncontrolled passions of the drunken, diseased, or licentious husband, who claims his superior lordship over his wife's body and soul, and is too far below the animal to give the slightest thought to his probable offspring; or, perhaps both parents are of the same type. In the former case, the wife should be protected against possible conception; in the second case, both parties should be sterilized as the only sane and economic means of preventing the propagation of their kind.

In normal families, the average number of children is 4; in

*Surgical and Gynecological Society, 1915.

degenerate families, 7.3. 80% of truants, 46% to 89% of reformatory inmates are feeble-minded and at least 2/3 of the feeble-minded have inherited their weakness. Of this class we have at least 1 in every 500 of the population. To improve the character is of first importance, but there must be soil capable of improvement and this cannot be found in diseased or imbecile brain tissue. We must therefore reach to the substrata and remove the causes of those conditions which make for insanity and imbecility.

Other essential considerations bearing upon birth control are the single and higher standard of morals, the education of our youth in the ethics of sex, certificate of health before marriage license, sterilization of the unfit. Such enactment would soon make birth control quite unnecessary. Birth control, however, is of paramount importance in handling the tremendous social and economic questions of the day. The law that makes it unlawful to control human conception, that makes it a penitentiary offense for a physician to tell parents how to limit the family, even though both parties are reeking with foul disease, is as illogical as to say that we should not interfere with a falling object because it is acting in accord with the common law of gravity.

This law is expressed in the language of Luther, "If a woman becomes weary or at last dead from child bearing, that matters not, let her only die from bearing. She is there to do it." In other words, it is better to produce idiots, than not to produce; better to have been born an imbecile than not to have been born at all. Yet the laws of our United States make it a criminal offense to teach married couples how to control their fertility. "What are the objections to a knowledge that is defended by so few and practiced by so many of the middle and educated classes?" asks the *New Republic*. The practical working of the law is that where conditions are vilest, human breeding shall be most prolific; that those least fit shall stagger under repeated pregnancies; that the race shall be replenished by ignorance and accident; that the diseased, the weak-minded, the incompetent shall fill the world with horror; that men and women shall pay for it in that travesty of human waste, a high infant mortality, in the multiplication of the unfit, in the production of hordes of unwanted souls, in the lost health of woman, in the neglect of children, in the burden of destitution, in late marriages, in the wide spread practice

of abortion, in illegitimate births, in desertions and adulteries, in the thwarting and robbing of defenseless children (most fiendish and pitiful of all), in hospitals, insane asylums and prisons. The pathological findings are diseased prostate, prolapsed sigmoid, tight, long or adherent foreskin, tightened frenum, hemorrhoids, papillae, or pockets, causing constant irritation of nerve terminals, slight luxations of fifth lumbar vertebra, or of the innominate, causing overstimulation of nerve trunks, causing constant congestion, pressure and nerve irritation of the sensitized nerves of sex sense.

At the lower orifices of the body, there are abnormalities as frequently as at the upper orifices. The grave disturbances that arise from eye strain, adenoids, enlarged tonsils, decayed teeth are now recognized by all; yet these are not to be compared with the effects produced upon boy or girl, man or woman by these abnormal conditions so often existing, but so seldom found at the organs of generation. From physical irritations of the sexual organs, then, there may arise any degree of emotional, moral or physical ills.

The spiritual nature of a human being thus handicapped is dead. He cannot see purity, much less live it. He is therefore "dead while he liveth," and for those so bound by habit and physical handicap that they cannot be emancipated by the simpler form of constructive surgery and by admonition, the physician should have the liberty and license to sterilize or to give instruction in birth control that shall eliminate their kind,—for their own good as well as the good of the nation. Such a man is unfit and his children are unfit. A woman, however good, though she carry his babe nine months in her own body and nourish him with her own blood, cannot counteract the power of the germplasm of this perverted man. It is high time that good women refuse to bear children for vice, criminality, and dependence, or for cannon targets for unrighteous wars.

Allow me to refer again to sterilization of the unfit, which simple surgical procedure must go hand in hand with birth control, if we are to stamp out the ever swelling tide of degeneracy. Such drastic measures are not needed for the well-born, well-balanced and normal man, any more than laws against stealing are needed for the honest. It is to be hoped that the sterilization law, already passed in nine states, shall soon be acted upon in and out of all our institutions. The

operation of vasectomy not only prevents propagation but enables the otherwise uncontrolled individual to become self-controlled and self-respecting. Furthermore, because of conserved and reabsorbed internal testicular secretions, it enables the man to become a worker when before he was a parasite. For example, recently a boy 18 years of age, of mentally deficient parents, was about to be sent to a state institution. Instead, vasectomy was performed. Three weeks later he was able to take a position which he has filled acceptably for two months. He is now self-supporting instead of being a state charge.

The conclusion of the New York Committee of Fourteen, all of whom at the beginning of their splendid work were not convinced in their own minds of the possibility or advisability of equal standard of morality, at the close of their nine years' campaign in studying vice conditions, was that "so long as the erroneous belief in masculine necessity continues, progress will be slow." The report further points to the encouraging fact, that a large majority of the highest authority among medical and high class scientific organizations, and the laity in large numbers are coming to believe that chastity is equally binding upon man as upon woman.

Dr. Exner, in his excellent book, "The Physician's Answer," gives the names of over 450 well known physicians who assert that sexual indulgence is not necessary for man.

Dr. Prince E. Morrow, the founder of the Sanitary and Moral Prophylaxis Society of New York, says, "The experience of specialists shows that it is not the strongly sexed and most virile men who are most given to licentiousness, but those, whose sexual organs have been rendered weak and irritable by exercise, in whom, the habit of sexual indulgence has been set up, and in whom self-control has not been developed. These sexual weaklings yield to sensual impulses which the normally strong feel but repress." Controlled sex life for the control of conception is the ideal. To reach this ideal it becomes necessary to consider the child before his conception. To do this a normal parentage is required. To produce a normal parentage the abnormal must be eliminated. To eliminate the abnormal, birth control is of fundamental concern.

Birth control is of fundamental concern, because the nation is what its children are, the human family is the nation's

foundation, the quality of human births is of supreme concern, and every child has a right to be well-born. Hereditary influences propagate epilepsy, idiocy, feeblemindedness, mental and moral deficiency, imbecility, criminality, inefficiency. We need to preserve the sturdy, stoic type of people who built up this nation. The criminal and dependent classes are increasing out of all proportion to the normal classes. A woman should be the conservator of her own body and have the right to say when she is ready to be a mother. The future generation should be better than the present. Prevention of conception is better than starvation and murder. By actual result in England, the birth rate has increased, the death rate decreased (the death rate falling from 23 to the 1,000 to 14 to the 1,000). In Holland while the government sanctioned the propaganda for control of birth, the birth rate fell from 37 in 1,000 to 29 in 1,000; the death rate from 26 to 12 in 1,000. Children had better not be born than be born to illegitimacy. In England in 1876 before contraceptives were known, there were born 14 illegitimate children to every 1,000 unmarried women. In 1909 there were 8 to every 1,000, a difference of 7 to each 1,000, meaning about 14 million less babies to be thrust into this world by illegitimate parents. But I hear someone say, "Fear of results is necessary for maidenly chastity." Away with this hypocrisy. A virtue born of fear is not virtue. Such virtue is of ignorance and of prudery, and prudery is the servant of lust.

The argument is often raised that women will not have children if they need not. Every normal man and woman want a home of their own, a companion, children. Right sex teaching leads to normal emotions and desires; witness Sparta, where every couple had as many children as could be produced in health and properly trained. In our own country there is a most prosperous community which it has been my pleasure to visit. This community for years has believed and practiced conservation of creative fluids except for procreation. In a period of 70 years there has not been a divorce, an illegitimate child, an epileptic, an imbecile, an insane one or a criminal. Here I found the happiest fellowship between husband and wife, between children and parents. I found also in the homes an average of six children. My doctor friend whom it was my privilege to visit, said, "I have very little to do in my professional work because there is so little sickness among our

people. When asked if the five splendid children in her home were all planned for, she replied, "Oh yes, and we are planning for two more, close together after little Jack is four years old." And little Jack was a worth while darling of 9 months.

A great change has come over the young married women of our land. They no longer come with shamefacedness because they are pregnant and beg for the destruction of that new life. It is rather, "Am I fit for motherhood?" "How may conception be prevented until we are both at our best for the baby?" and later, with that sacred expression of countenance, that only mother love can show, she comes to confide her sweet secret that that holy hope is hers, and she is apt to say further, "We can hardly wait to see our darling. We mean that he shall be the best of both of us." This principle is not confined to any one class. It is a basic normal emotion of the human parent.

Controlled sexuality is not only power for efficiency and business success, but also power for human happiness and joy. In this, more than in any other self-control, comes a sense of self-mastery which gives spring to the step, fire to the eye, grip to the will and joy of life. It is the question of sexuality controlled and spiritualized, or uncontrolled and sensualized. It is furthermore a woman question. As she comes into the full realization of her emancipation that was begun 1900 years ago, when asked, "Where are those, thine accusers?" and "Go and tell," she will demand purity for purity and in so doing will carry the word of life to her brothers. They will then give her just what she demands, for they do not mean to be unjust, and with her they will come to see and enjoy the better things.

Let us then teach our young people the beauties of parenthood, its highest ideals and joys. They can be trusted with knowledge and will deliberately plan to have normal homes and welcome well-born children. Some will immediately raise the objection that knowledge of birth control would sink our young people to absolute loss of self-control I see human nature from a different standpoint. Those who are so lost to all sense of decency as to enter promiscuous relation will do so in any case and are not thinking of results, when giving way to lower passions. Those of high-mindedness, on the other hand, will soon learn self-control, through knowledge of creative power, through the demand for the single and higher

standard of morals. Furthermore, with this knowledge we shall have fewer innocent babes brought into the world, just to suffer, and to die in a year. Surely the child is entitled to some consideration in this matter.

After all, to reach these ideals, man needs the redeeming power of Christ, he needs the spirit of God, he needs a clean body in which the Holy Spirit may live. Otherwise, his reformation is but for time; let us see that we make it for the eternity of God.

Discussion

Dr. Runnels: The more we study our composite being, the more we realize that the spirit is in bondage to the physical. Many wayward people, crippled physically, intellectually and morally, are thus crippled because of conditions of the body, through which they are expressing their life. The spiritual life is dependent in its early stages upon the physical. Body and spirit are a unit. I do not believe that there is only one side to the question of life and that, the spiritual. It takes time to free the body from hampering conditions and to get into the higher regions of living where the spirit can properly express itself. Therefore, I think the duty of every doctor begins with a knowledge of the physical condition of the patient.

We let the vicious go on increasing, while the educated and the fit and those in higher lines stop helping the race along. There are two sides to the question, and I believe that we should do a little educating among the upper classes, where morality is supposed to bloom, but where sterility is the disgrace of the race.

The Physiological Basis of Moral Power. There is everything to hope for in the way of the evolution of moral power and magnificent character, if certain sections of the brain can be brought into full and predominating activity; and there is nothing but discouragement before [him] who fails to reach these centres of the higher energy. God made men upright, but they have found out many inventions. There are sources of power in humanity today sufficient for the moral transformation of society, if only the slumbering energy could be roused and called into active service. Those who see the facts stand aghast over the continued waste of manhood, over the stupid postponement of a millennium that might be indefinitely hastened in its coming.—*The New Education, Gordon.*

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D. . . . . EDITOR

JOURNAL COMMITTEE

J. P. SUTHERLAND, M. D., Chairman J. RICHEY HORNER, A. M., M. D.
CHARLES E. SAWYER, M. D. FREDERICK M. DEARBORN, A. M., M. D.
SARAH M. HOBSON, Secretary of the Institute

Publication of an article in the Journal does not thereby secure the endorsement of the American Institute of Homœopathy. The Journal is the publicity organ of the entire Institute membership and is conducted by the Journal Committee in behalf of good-fellowship and medical progress.

Address all communications to **The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Ill.**

VOL. VIII. APRIL, 1916 No. 10

EDITORIAL

Baltimore in June. Late in February, the Local Committee in Baltimore invited the Chairman of the Finance Committee and the Secretary of the Institute to a conference at The Emerson, the headquarters of the Institute session in June. The afternoon of February twenty-third was spent with Dr. Eldridge Price, chairman, and Dr. Towler, who has assumed charge of the exhibits. In the evening, fifteen to twenty of the local committee met at dinner and presented their plans in behalf of the hospitality of Maryland. Each group is at work to insure a successful meeting.

An occasional inquiry comes in relative to the temperature of Baltimore in June. In the December JOURNAL, Dr. Price made a report from the official records of the past twenty years; the maximum for the month of June was 82, the minimum, 64; the mean, 73. We recall more discomfort from heat in Detroit in 1909 than in Kansas City the previous year. Critics predicted that Pittsburgh would give us heat like hades, and we had delightful summer weather.

A body of physicians certainly ought to know that tolerance of heat is increased in a marked degree by proper eating, comfortable clothing and avoidance of fatigue. The program is arranged with no evening bureau session. The special features are scheduled for the large assembly room in the morning. There are three sessions each afternoon, and every one has good papers, but the member is free to alternate work with recreation. The roof garden on the seventeenth floor will be open for luncheon and dinner. The bay and the boulevards invite to recreation. To be greedy to devour every paper is as intemperate as to gorge on all the good cooking Baltimore will provide. *S. M. H.*

Our Medical Schools. With Philadelphia only two hours from Baltimore, it was quite impossible to pass by the opportunity of seeing the medical college linked with the names of Hering, Jeanes, James and Guernsey. We were fortunate in finding Dean Pearson, and he generously spent two full hours in disclosing the educational advantages of this group of college and hospitals. In the Hering Research Laboratory we saw the old library and the picture of Hering, both mentioned in the biography published last year. More to the point in present day teaching was the beginning of the botanical exhibit which Hahnemann is going to install at the Baltimore session. This will be the first of its kind in the medical history of this country. The dispensary in conjunction with the hospital gives abundant clinical material to each student. The round table instruction is a feature of class room work. The laboratories for the students and those for members of the faculty are veritable and practical workshops. The fact that the students' lockers are *not locked* indicates the fine spirit of work and recognition of property rights. As we walked down the corridor of the Hospital for Women, Dr. Bushrod James was closing his day's work, but he cheerfully donned again his surgeon's gown to show the pilgrims from the prairie state a model hospital of one hundred beds devoted to obstetrics and gynecology. Dr. James has a large contract to maintain

the family record, but obviously he is adequate to the requirements.

Two years ago, we traversed again the wards of the Massachusetts Homœopathic Hospital, looked in at the old dispensary rooms and rejoiced in the new building, second to none, saw the opportunities for research study in the Evans Memorial and rode far out Beacon Street and beyond to the ideal contagious hospital. A year ago, Dr. Ball, then Registrar at the New York College, piloted us over that institution and through Flower Hospital. Only those who have done it realize how indelibly the spirit of the work done, the atmosphere of the class room makes its record upon the visitor who drops in unexpectedly upon the day's routine. The obvious cordial relationship between registrar and student will always be a pleasant memory. This year, Dean Brant begged a little time to exhibit the new purchase of adjacent buildings on 101st street, which will give additional lecture rooms and laboratories. The friends of this College and Hospital for the medical education of women are making an heroic effort to place the institution on a sound financial basis. A year ago, a day at Columbus, Ohio, reviewed the possibilities before this, the youngest of our medical colleges, in its relation to the state university, but with its properties of Pulte and Cleveland, carrying a history back to the early days of homœopathic practice. The projected new buildings for the Hahnemann Hospital in Chicago are believed at length to be an assured thing in the immediate future. Home Coming Day has become a quarterly event, instead of annual, and affords postgraduate facilities for the visiting alumni. That of March sixteenth was devoted to some of the specialties: pathology and x-ray in the morning, dermatology, eye, ear, nose and throat in the afternoon. The remaining medical colleges have not been visited as yet during the Secretary's term of office, but the Educational Report recently presented by the Council on Medical Education gives an authentic record of these properties and opportunities for medical training.

The special feature of the Tuesday morning session at the Institute, Bureau of Homœopathy, will be College and Hospital Properties, and the problems of the College Alliance, conducted by Dr. Copeland, president of the Alliance. *S. M. H.*

Institute Papers. The attention of each essayist is called to the request of the Press Committee for a carbon copy of each paper as early as June first. The general publicity of last year was due entirely to the excellent work inaugurated and prosecuted by Dr. Scott Parsons. Such preliminary work must be done and the first half belongs to the essayist.

Several appreciative comments have been made on Dr. Coleman's editorial of last month on "The Reading and Discussion of Papers." This month we have an editorial from another chairman, Dr. MacCarthy on a topic which concerns every general practitioner as well as the pediatrist. And a Senior, Dr. Moffat, editor of the *O. O. and L. Journal* for many years, contributes a message for the furtherance of Institute welfare. It is always a pleasure to read whatever comes from Dr. Moffat's pen.

Meetings vs. Journals. Why go to a meeting instead of reading its papers in the journals? Dr. Coleman's admirable March editorial, "The Reading and Discussion of Papers," should be taken to heart by every member of the Institute and other societies, but there are one or two points of perhaps more importance.

It is earnestly urged that the Institute keep its promises, like a gentleman, and *ensure the reading as announced of every paper on the program, even in the absence of its writer,* and well read, as Dr. Coleman says. It might even be deemed worth while to have an official or volunteer reader, who will read the papers of absentees and of writers who desire his offices. Lacking this, it would be for the Chairman to see that every announced paper be read.

The time of the Institute is as valuable as is space in the JOURNAL, hence *all papers should be read in abstract;* their dis-

cussion will afford opportunity for elucidation and other journals will print them *in extenso*.

It is the discussion of papers that makes society meetings valuable—that, with the making and renewal of acquaintances. And, shall we say, politics? No, policies.

Many a member has traveled miles for the discussion of a particular paper, and found that the topic has been passed over because of the absence of the author. Encouraging, isn't it?

As one of the great faults of our meetings has been plethora of papers with consequent abridged, or no time for discussion, let us hope and pray for brave and bold bureau chairmen who will announce—and enforce it—that no paper's title shall appear in the program *until after its manuscript shall have been handed in*. Or, to make it easier for the chairmen and surer, let us adopt a standing resolution to that effect, covering two or three years, as an experiment.

The greater the difficulty of getting a paper on the program the more will this be considered a privilege and the higher will be the standing of the society. *J. L. M.*

Antenatal Mortality and Vitality of Native-Born Infants. It seems to be quite well established that prenatal mortality exceeds any other period of life. It is estimated that 73 per cent of all babies dying under one month, and 39 per cent of those under one year of age, in the United States, die as a result of conditions present before birth.

A study of the vitality of infants of the different racial groups reveals some rather interesting and suggestive facts. Notwithstanding the fact that Russian and Italian mothers are attended in confinement by midwives, they have the lowest infantile death rate, the smallest number of still-births, and the lowest death rate from congenital weakness. On the other hand, American-born mothers who have the smallest families, and very rarely employ midwives, have a higher general infantile mortality, a higher still-birth rate, and a higher death rate from congenital weakness, than do Italian and Russian mothers.

An investigation conducted by the Boston Board of Health,

concerning the feeding of infants of 763 mothers of various nationalities, is interesting in this connection.

Of the babies having mothers born in the United States, 59 per cent were breast-fed; of those having Irish mothers, 73 per cent; of those having Russian or Polish mothers, 79 per cent, and of infants of Italian mothers, 83 per cent were breast-fed. It was also found that of 650 babies of American parentage who died in the year 1911, 106 or 16 per cent were breast-fed, while 544 or 84 per cent were bottle-fed. Bearing in mind that from 80 to 85 per cent of all infant deaths occur in babies artificially fed, one reason for the excessive infantile mortality and lack of vitality of infants of native parentage, is readily appreciated.

It is not known to what extent syphilis is responsible for this antenatal wastage of infant life, but that it causes a large share of still-births and deaths due to congenital weakness, there can be no doubt.

The facts must naturally lead to the conclusion that there must be certain influences intercurrent among the people which tend to unfit native-born mothers for the bearing of vigorous offspring, and nursing their babies at the breast. It is probably safe to say that generations of Italian and Russian mothers have lived and worked much in the open. Outdoor life, much sleep, home teachings of daughters, however simple and crude the training, certainly has tended to produce mothers strong and hardy, able to bear and rear robust children.

Mothers born and reared in the United States, on the other hand, acquire their training more in the schools than in the homes. At the present time girls who are to be the future mothers of the race, spend five to six hours a day in high schools, reciting lessons in French, Geometry, Ancient History, Latin, etc., and two to four hours of hard study at home preparing for the school recitations. Such use of the none too stable nervous system at the very period of life when the vital forces of the young body are called upon to their fullest extent for growth and development, cannot fail to be at the expense of the physical powers. Under such conditions outdoor life and long hours of sleep, so essential during these critical years, are often lacking,

and the development of a natural, vigorous physical life, with abundant reserve strength, becomes impossible.

Venturesome indeed is the man who suggests some possibilities for the betterment of these faulty conditions of national life. The educational problem is an ever recurring and perennial question, showing that there is much yet to be desired in the training of boys and girls for useful manhood and womanhood. A more persistent effort on the part of school committees to come into closer relationship with parents is essential. Parents visit the schools but rarely, and conferences between school committees, teachers and parents are too formal, and are held all too seldom.

Standards of home life and parental influence being low, there should be some well directed effort toward character training in the schools, and teachers should be selected with this end in view, as well as for their scholastic attainments.

Since the majority of girls marry, definite training in practical physiology and home hygiene, home-making, and mothercraft, should be included in the curriculum of upper grade schools and colleges.

There is need also for public teachings in pulpit and press leading to the development among men and women of higher ideals of motherhood and fatherhood.

It is difficult to conceive of subjects more vitally important to the nation than the betterment and enrichment of home and family life, but such preachments are few and far between in our modern pulpits. *F. H. MacC.*

The Thief. The Lancet-Clinic of March 4th has an editorial on "Professional Esteem and Thieving," in which is cited "a group of more than fifty men . . . resident physicians in a large hospital," some of whom "have descended to the most disgraceful and shocking thievery. . . . One retiring intern filled his 'carpet bag' with instruments from the hospital cases," as he left his service. Another "packed hypodermics, needles, test tubes. . . . and other laboratory equipment." What is the difference between this thief and the thief who steals my pocketbook? Not so very long ago a lecturer in a medical col-

lege, in commenting on cribbing, lightly said, "O, they all do it." They "all" do not do it. But of those that do, what is the difference between stealing instruments and stealing brains? What guarantee have we that as a physician such a one will be any more honest with his patient than with his faculty?

S. M. H.

The Annual Statistics. Dr. Thomas Franklin Smith presents in this issue his annual report of homœopathic organizations. The reader's attention is called to the request for correction of data given or additional information. It is pleasant to comment on journalistic activity. While the three new periodicals are modest in their presentation, they indicate a healthy activity in their respective circles. *The Polycrest* of the College of Homœopathic Medicine of the Ohio State University and the Maryland *Bulletin* are issued quarterly. The latest addition is *The Cresset,* the official publication of the New York College and Hospital for Women. *S. M. H.*

Federation with Medico-Legal Benefit. For many years, the state society of Illinois has set aside one dollar out of each member's fees for a fund for legal defense. This plan has worked admirably. The fact that there is such a fund which can be used is of itself wholesome in impending legal complication. It also encourages a discriminating judgment of possible candidates for membership. It was at Narragansett Pier, if memory serves, that a proposition was made to set aside some definite portion of the dues for a fund to prosecute any instance of flagrant injustice. This is referred to members studying the plan for federation as a suggestion of one effective element in federation of state and national societies. *S. M. H.*

Historical Values. To the 1916 toll of death, the names of four Senior members are added: Dr. Detwiller, our second oldest Senior, and last year, Honorary President; Eugene W. Beebe, one of the Milwaukee trio, Beebe, Sherman and Lewis, always to be counted upon in medical interests; Thomas Shearer, of Baltimore, and William H.

Scott of Brooklyn. Only the meagre record of their deaths has been received, although letters have been sent for further detail of professional life. In the proposed federation of societies, the historical value of the work of the necrologist should be mentioned. The necrologist of every state society should be chosen, a member with special secretarial qualifications blended with a sense of historical proportion. And when a good one is found, such a member should be continued in office as historian, with instruction to furnish both state and national publications with suitable data for the historical record of the medical profession.

Not All is War in Italy. It is pleasant to have ocular proof that the Government Italian publishers, Vallardi, have brought out a translation of Dr. Francis H. MacCarthy's book, "Hygiene for Mother and Child" (Harpers). The translation is done by Dr. Carlo Domenico Crespi.

ANNOUNCEMENTS

Report from the Committee on Local Arrangements

The Hotel Emerson presents the following schedule to the members of the Institute and their guests:

Rooms without bath, equipped with double bed, $2.25 and $2.50, single. Double, $3.75 and $4.00. A limited number.

Rooms with bath, equipped with double bed, $2.50 (a limited number at this price), $3.00 and $3.50. Double, $4.00, $4.50 and $5.00 per day.

Rooms with bath, equipped with twin beds, $5.50, $6.00 and $6.50 per day, double.

Parlor, bed room and bath, $7.00 per day. One or two persons.

Make your reservations now.

The Emerson, Baltimore and Calvert Sts., Baltimore, Md.

The dining room is on the lobby floor, and famous for good Maryland cooking.

The roof garden is on the seventeeth floor, and will be available for luncheon and dinner.

The Information Bureau of the local committee and the desks of the Treasurer and Registrar will be on the lobby floor.

The Ladies' Parlor on the same floor will be reserved for the Meissen, the wives and guests of the physicians.

The Chesapeake Room, on the floor below the lobby, will be devoted to general headquarters for press, fraternities, alumni, local committee, and writing rooms.

The business meetings of the Institute and the bureau sessions will be held in the three rooms off the mezzanine gallery: the Exhibition Room, North Hall and South Hall. The mezzanine gallery and adjacent space will be given over to the business exhibits.

Other rooms assigned are: 319, Trustees; 323, 326, 327, committee rooms; 1223, Business Manager; 1509, Institute Fraternity.

The memorial service on Sunday evening will be in charge of Dr. George T. Shower.

On Monday evening, under direction of Dr. Eldridge C. Price, there will be a musical program in Holliday Theatre, with a welcome address from Baltimore and the State of Maryland, response by Vice-President Costain, and the presidential address by Dr. Aldrich. At ten o'clock there will be dancing in the Roof Garden of The Emerson.

The Local Committee suggests that, in making arrangements for the dinners on Wednesday evening, successive hours be assigned, for instance, Seniors at six, alumni at seven and fraternities at eight, thus enabling the Senior who wishes to go also to his alumni and his fraternity to have an hour of each.

The Alumni and Fraternity secretaries are requested to make reservations promptly with Mr. Kincaid, Manager of The Emerson, both for special reservations for headquarters and for dinners.

The following hotels are also recommended by the committee:

New Howard.....	Per day.....	2.50	
Hotel Rennert....	Single (without bath).....	1.50 to	2.00
	Double (without bath).....	2.50 to	3.00
	Single (with bath).....	2.00 to	4.00
	Double (with bath).....	2.50 to	5.00
Hotel Stafford....	Single (without bath).....	1.50	
	Double (without bath).....	3.00	
	Single (with bath).....	2.50	
	Double (with bath).....	3.50	

Members of the local committee will be glad to answer any inquiries relative to the local arrangements for the Institute session.

Executive Committee: Eldridge C. Price, Chairman, 1012

Madison Ave.; Wm. Dulany Thomas, Secretary, 330 N. Charles St.; R. W. Mifflin, Treasurer.

Badges, Alumni and Fraternities: J. Elmer Cummins.

Exhibits: P. B. Towler, 1432 Williams St., Baltimore. Diagram and rates upon application.

Reception and Hospitality: H. M. Stevenson, I. L. Fetterhoff, B. C. Catlin, H. G. Jones, J. A. Evans, G. E. Houck, J. Elmer Cummins, A. J. Davies, C. L. Rumsey.

Institute Membership: M. Bowman Hood.

O. O. and L.: C. L. Rumsey.

Automobiles: J. Ward Wisner, G. L. Ewalt, W. F. Skillman.

Printing: Wm. Dulany Thomas.

Meissen and Women's Organizations: Marie Letitia Ingram.

Press: Eldridge C. Price, H. H. Stansbury, G. W. De Hoff, B. C. Catlin.

Transportation: I. L. Fetterhoff.

Information: Henry Russell, C. K. Jump.

Meeting Rooms: Maurice E. Shamer, 548 N. Fulton Ave. Any essayist wishing the use of stereopticon and screen, or any other special arrangement for the presentation of his paper, is requested to communicate directly with Dr. Shamer.

Memorial Evening: George T. Shower.

Registrar's Assistant: (To be appointed.)

Bureau of Materia Medica

Dr. Hinsdale announces the name of Dr. Eldridge C. Price added to his bureau with a paper, "Therapeutics in Diseases of the Circulatory System." Dr. W. Franklin Baker's paper is entitled "Psychological Method of Review in the Teaching of Homœopathic Materia Medica."

Program of the Surgical and Gynecological Society

The following are prospective contributors to the S. & G. Society program: L. T. Ashcraft, W. D. Foster, Florence N. Ward, Chas. E. Walton, John M. Lee, H. R. Chislett, Chas. E. Kahlke, G. W. Roberts, C. A. Burrett, D. G. Wilcox, S. F. Wilcox, J. C. Wood.

E. Weldon Young, President.
Scott Parsons, Secretary.

Applications for Membership

Moses T. Knappenberger, M. D., 19 Magee Ave., Jeannette, Pa.

James W. Reese, M. D., 26 King Ave., Columbus, O.

George E. Houck, M. D., 212 W. Madison St., Baltimore, Md.

Herbert Hall Plumer, M. D., Union, Me.

M. W. Van Denburg, M. D., Mt. Vernon, N. Y.

Preliminary Program
Sunday Evening, June 25, to Saturday, July 1, 1916
The Emerson—Baltimore, Maryland
Sunday, 8:30 P. M., Memorial Service, Exhibition Room

	Monday	Tuesday	Wednesday	Thursday	Friday
	Business Sessions daily in Exhibition Room. Special Features:				
9:00 to 10:15	President's Business Address	Congress of States Nominations	Election of Officers		
10:30 to 1:00	Materia Medica *Exhibition Room*	Homœopathy: College Alliance *Exhibition Room*	Clinical Medicine *Exhibition Room*	San. Science: U. S. Public Health *Exhibition Room*	Surgery and Gynecology *Exhibition Room*
2:30 to 6:00	Mat. Med. *Exhibition Room* Obstetrics *North Hall* Phys. Ther. *South Hall*	Homœopathy *Exhibition Room* Obstetrics *North Hall* Phys. Ther. *South Hall*	Clin. Med. *Exhibition Room* S. and G. *North Hall* Phys. Ther. *South Hall*	Pedology *Exhibition Room* S. and G. *North Hall* Clin. Res. *South Hall*	Pedology *Exhibition Room* San. Sci. *North Hall* D. and G-U. *South Hall*
8:30 P. M. 10:00 P. M.	Musicale and Address at Holliday Theatre Dancing in the Roof Garden	To be announced	Dinners: Seniors 6:00 P. M. Alumni 7:00 P. M. Fraternity 8:00 P. M.	Open for Individual Plans	To be announced

Saturday, 9:00 a. m., unfinished business.

In addition to the usual routine business of committee reports, the session of 1916 will present the special business of revision of the constitution and by-laws. For Tuesday morning, President Aldrich has recommended one hour set apart for a preliminary session of a congress of states in accord with the proposed plan of federation.

As a special feature in the bureau program, the College Alliance will present the Tuesday morning program in Homœopathy, and on Thursday morning at eleven, a representative of the United States Public Health Service, appointed by Surgeon General Blue, will give an address.

Place of Meeting, 1917

Dr. Byron E. Miller, Chairman on Place of Meeting, makes the following announcement:

Invitations for 1917 should be presented in detail to the committee, Byron E. Miller, Chairman, 816 Broadway Bldg., Portland, Ore. Definite information should be sent regarding cooperation of the local profession, hotel facilities for providing three or four assembly rooms, several committee rooms and space for the usual exhibits; also hotel rates and civic endorsement.

Notice from the Press Committee

Mr. Paul J. McGahan of the *Philadelphia Inquirer* has been engaged to handle our press work for the Baltimore session. Mr. McGahan will be at our service continuously from June 25th to July 1st. To obtain the best and most complete press notices, we must have copies of the contributors' papers not later than JUNE 10th. If you are on the program, kindly keep this fact in mind; prepare your paper early, and send a duplicate copy to the UNDERSIGNED. Synopses will not suffice. We want the complete text. This will be gone over carefully, excerpted and released to the Press. As the press services work well in advance of publication, the earlier they get the articles the more assurance of their publication, and the more complete and lengthy the "story." We are doing this work in the interest of the American Institute and homœopathy, and your coöperation and early compliance with this request, to send an advance copy of your paper, will materially aid us in giving the Institute merited publicity.

PLEASE BEAR THIS IN MIND.

Scott Parsons, Chairman Press Com.,
Wall Bldg., St. Louis.

The Institute Special Trains

In a short time a booklet giving full particulars of the trains from the west to Chicago and from Chicago to Baltimore will be issued and mailed to all the members of the Institute. But in order that the members may anticipate a little and may be making plans to make use of these trains your committee on transportation is telling you in advance a little more about the trip.

From the points west, the Burlington is the official road and we urge upon all of you to make use of this excellent line. A complete schedule of the trains from various points is appended. In Kansas City, Dr. Gammage is arranging for special cars to take care of the people coming from that part of the country. We urge you to communicate with him. Get together and have just that much more of the good time of going with the crowd. In Minneapolis, Dr. Booth wants to see that you are well taken care of. If you want more information than they can give you, communicate with the Burlington passenger agent at those points.

From Denver and the intermediate points, by all means see or write the representative of the road for reservations.

Leaving Chicago over the Baltimore & Ohio, we shall have the best that is possible to be furnished. In addition to the ordinary feature of an all steel solid Pullman train, there will be furnished additional features that will make the trip the most pleasant, comfortable and safe that is possible. We are not at liberty to tell what the special entertainment to be furnished by the railroad is, but we can assure you that it will be something never before given to us. The officials of the company are making great plans for this entertainment.

In order that the Ohio delegation may not be compelled to make a connection with the train at a late hour at night, a special car will be run from Cleveland to Akron and will be ready for occupancy at eight o'clock. This car or cars will be attached to our train when we reach Akron. So plan to go to Akron and join us there.

The following is the tentative schedule, although arrangements are being made for us to reach Baltimore earlier than the schedule:

Leave	Chicago,	Saturday, June 24,	5:45 P. M.
"	Deshler, O.,		11:17 P. M.
"	Fostoria, O.,		11:53 P. M.
"	Akron, O.,	Sunday, June 25,	2:45 A. M.
"	Youngstown, O.,		4:07 A. M.
"	Pittsburgh, Pa.,		7:50 A. M.
Arrive	Baltimore,	Sunday, June 25,	5:00 P. M.

For reservation or information, write **C. A. Harkness, M. D.**, Chairman of the Transportation Committee, 1404 Heyworth Bldg., Chicago, or Mr. W. W. Picking, district passenger agent, B. & O. R. R., 236 S. Clark St., Chicago. Make your plans to attend the meeting and to go with the crowd on the special, and do it now.

Schedule of the Burlington Trains

Leave Minneapolis—
Friday, June 23, 6:10 P. M., 7:45 P. M., 10:25 P. M.
Leave St. Paul—
Friday, June 23, 6:55 P. M., 8:30 P. M., 11:30 P. M.
Arrive Chicago—
Saturday, June 24, 7:15 A. M., 9:00 A. M., 11:55 A. M.

Leave	Denver,	Friday, June 23,	9:45 P. M.
"	Lincoln,		1:50 P. M.
"	Omaha,		3:45 P. M.
Arrive	Chicago,	Saturday, June 24,	7:00 A. M.
Leave	Kansas City,	Friday, June 23,	6:20 P. M.
"	St. Joseph,		6:50 P. M.
Arrive	Chicago,	Saturday, June 24,	8:00 A. M.

These schedules will allow plenty of time for connections in case of any delay and will also give time for a short visit in Chicago.

Transactions 1891-1908

Dr. Byron G. S. Gronlund, Genoa, Ill., has a file of Transactions A. I. H., from 1891 to 1908, which he will dispose of for a reasonable price.

CONGRESS OF STATES

Meeting of the Congress of States at the Baltimore Session of the American Institute of Homœopathy

To the Presidents of the State and Local Societies:—

There will be a meeting of the *Congress of States,* which will consist of the delegates of the various state and local homœopathic societies. At this meeting, federation of our societies with the Institute, under the direction of the Council on Medical Education, will be put into execution. The American Institute will act upon a revision of its constitution and by-laws, preparatory to admittance of constituent societies, associations and clubs.

The presidents of state and local societies are urgently requested to appoint delegates who are members of the American Institute, to attend this very important meeting. Some fifteen state societies have sanctioned this movement and signified their intention to support and affiliate. Send at least two delegates. The coming spring state meeting affords an opportunity to bring this matter before your society. You will receive, personally, further exact information as to time and place of the Congress.

Council on Medical Education,
Scott Parsons, Special Representative.

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY

Rochester, April 11 and 12, 1916

From the Secretary, Dr. Bert B. Clark

The following papers form only a part of the subjects to be presented at the coming meeting of the New York Society:

Percy's Cold Iron Treatment of Uterine Cancer. Arthur R. Grant, M. D., Utica.

The General Practitioner's Duty to Patients with Immature Cataract. Elmer J. Bissell, M. D., Rochester.

Postoperative X-Ray Treatment in Malignant Growths. Miles W. Johns, M. D., Utica.

Verifications of Gelsemium. Daniel E. S. Coleman, M. D., New York City.

Birth Control. Elizabeth H. Muncie, M. D., Brooklyn, N. Y.

Syphilis: History, Symptoms and Treatment. Sprague Carleton, M. D., New York City.

Syphilis: Surgical Aspects. Charles E. Alliaume, M. D., Utica.

Syphilis: Bacteriological Aspect. George P. Olcott, M. D., New York City.

Syphilitic Affections of the Eye. Archibald Worth, M. D., Albany.

Nasal Polyps: Some Observations. Herbert W. Hoyt, M. D., Rochester.

Papers have been promised from Drs. Snow, Hordon, Allen, Loizeaux, Benson and Kahrs, but titles have not been forwarded.

A survey of the program as presented recalls a paragraph in President Dowling's address at the semi-annual meeting in November:

"Most that Hahnemann believed and fought for is now recognized either consciously or sub-consciously by all physicians. In emphasizing the importance of drug action, Hahnemann became the first advocate of specialties, and it is up to the homœopathic physicians to present this fact to the medical bodies throughout the world."

WISCONSIN STATE MEDICAL SOCIETY

From the Secretary, Dr. Mary M. Hopkins

The state meeting is set for May 17 and 18, 1916, in Milwaukee. The bureau chairmen will announce their programs in the May JOURNAL.

Materia Medica and Homœopathy. Edith V. Bartlett, M. D., Janesville.

Surgery. John P. Schneider, M. D., Oshkosh.

Pediatrics. Belle P. Nair, Winnebago.

Gynecology and Obstetrics. F. T. Clark, M. D., Waupun.

Clinical Medicine. David Runnels, Appleton.

O. O. and L. Wilbur N. Linn, M. D., Oshkosh.

With this promise of good things, we urge the loyalty and support of the Wisconsin profession, whether affiliated with the society or not. And we extend a cordial invitation to homœopathic physicians from near-by states to try our welcome.

KENTUCKY STATE HOMŒOPATHIC MEDICAL SOCIETY

Annual Meeting, Lexington, Kentucky, May 3-4, 1916.

If every Homœopath in the State is doing as I am doing where will Homœopathy and our State Society be, at the top or bottom? Put this question to yourself in all seriousness.

No chain is stronger than its weakest link. You are a link in the great chain of homœopathy. Our societies depend upon the strength of this chain for their existence. Get busy. If you haven't worked for your society before, now is the time to begin. If you have worked, you can do more now.

Make the 1916 meeting a success. Lexington is a beautiful

place. May is an ideal month. With coöperation our society is one of the best.

Louisville's Convention and Publicity League offers to help us get the American Institute in Louisville for next year.

Will you come? Don't forget the date, May 3-4, 1916.

Fraternally,

E. B. Smith, Pres., Shelbyville, Ky.

A. H. Seibert, Secretary, Louisville, Ky.

CORRESPONDENCE

The Cause of Death in Diabetes Mellitus

Chicago, March 4, 1916.

To the Editor:

I am much interested in an article in the March JOURNAL by Dr. D. E. S. Coleman of New York. On pages 1008 and 1009 he describes a patient with diabetes mellitus who lived under homœopathic treatment three months longer than old school prognosis.

I wish to inform Dr. Coleman and other readers of the JOURNAL that I have recently discovered in the urine of a woman dying of diabetes a toxic substance which disappears from urine, on standing, sooner than acetone and diacetic acid, and which I believe to be responsible for deaths in diabetes.

I have succeeded in developing an entirely new clinical test for this toxic substance, of which more later.

Apparently, therefore, death does not take place in diabetes until the blood becomes so saturated with this heretofore unknown toxin as to cause its appearance in the urine in amount sufficient to recognize chemically.

None of my patients with diabetes, who is up and about and able to visit my office, shows the same reaction in his urine which I found in this fatal case. The reaction is not due to excess of ammonia, to acetone, nor to diacetic acid.

It is evident, therefore, in Dr. Coleman's case that he succeeded in relieving the toxemia for a certain period of time, and that we should pay more attention to the individual case than to stereotyped "cures" for diabetes as a disease.

By determination of the quantity in the urine of the new toxin by means of a new process I am now developing we shall be able, I hope, "to hoist the danger signal" in diabetes sooner than it has heretofore been possible to do.

In other words, the agent which causes death in diabetes can be recognized by new chemical tests, even though as yet we do not know what its composition or nature is, except that it appears to be more volatile than the acetone bodies and more active chemically.

Clifford Mitchell

Was There Institute Action on Prohibition?

Los Angeles, Cal., March 10, 1916.

Dr. Sarah Hobson, Secretary of the A. I. H.

Dear Doctor:

I am writing for information concerning the action taken on prohibition by the Institute which convened in your city. A friend of mine who is speaking throughout the State in the interest of prohibition has been informed that the Institute voted in favor of it. I could not confirm this and he is anxious to know the facts in the case, as it would be of great assistance in his work.

Fraternally yours,
M. J. Green.

Reply by the Secretary

The Interstate Committee made its report on Friday, July 2, 1915. (Jour. Am. Inst. Hom., p. 365, Sept., 1915.) Only two recommendations were made: one relative to endorsement of the Harrison Act and the other relative to delegates and presentation of credentials. The motion for "adoption [of the report] and adoption of its recommendations," after some discussion, was amended by a substitute, "to receive and place on file, without any adoption or expression of opinion." This motion carried. The Interstate Committee's report recorded the fact that some "states had placed themselves on record as favoring prohibition," but in the discussion that followed, Dr. Arthur Carr, chairman of the committee, expressly stated that the committee "did not think it wise at this time to bring in, as did some of the states, strong endorsements or resolutions in favor of national prohibition." In the discussion, some were quite willing to endorse restriction of alcoholic beverages, and coal tar products, as well as morphin and cocain. Others hesitated to go on record as endorsing "political action even though it has a medical aspect." The vote of the Institute was limited strictly to *receiving and placing on file* the report of the Interstate Committee.

FEDERATION

Further Comment on Dr. Parsons' Plan

Wm. P. Honn, M. D., President of the Illinois Homœopathic Medical Association: I have just read the article by Dr. Parsons of St. Louis on "Federation." It is the most rational article I have read in a long time regarding the present or future status of homœopathy. I have long contended that a physician should not be eligible to the state or national society unless he is a member and vouched for by some local society. That would make far better standing in all the societies.

I shall do all in my power to bring that matter before our State Society in May and hope to get something started at once.

John Besson, M. D., President of the Oregon State Society: By all means the American Institute of Homœopathy should follow out the suggestion in the article on "Federation." I can see little reason why such a plan should not be unanimously adopted.

Wm. A. Glasgow, M. D.: I am heartily in favor of federation, and as president of the Washington State Homœopathic Medical Society I am sure I voice the sentiments of the great majority of members in endorsing it. Our state meeting will be held in Tacoma, June 15-16th. June 17-18th will be devoted to a motor trip to Mt. Rainier. We are planning a big meeting and expect a number of physicians from California and Oregon who in all probability will go on to the Institute from here. If there is anything the Northwest homœopathic physicians can do to aid the Institute in any way, kindly advise me.

J. Ivimey Dowling, M.D., F.A.C.S., President of the Homœopathic Medical Society of the State of N. Y.: Parsons' discussion of federation which appears in the February issue of the JOURNAL is one which should be read and considered by all members of the Institute and in fact every physician who is interested in the special practice of homœopathy.

It is very certain that if there were definite delegations selected from the local societies who would appear at the Institute meetings, that they would act as a link between these several societies and the Institute and enhance interest at both ends.

At the present time there is too great a segregation; there should be a national congregation. In other words all who believe in homœopathic therapeutics should be united in a single interest and that single interest should be nation-wide as Parsons very clearly states. In what manner this could be brought about, is difficult to fully determine. The ways and means must be left for careful debate and ultimately put up to the several State societies and the local county societies.

It should not alone be a privilege, but it is a duty to belong to the local and national societies, *for until such time as homœopathy is accepted and believed to be a truth by the majority of physicians, these special therapeutic societies will be necessary.*

Hahnemann enunciated a truth which is so virile that it cannot die, but for its wide dissemination those who do not know of its efficacy must be taught; and if every man who believes in homœopathy would only make an effort to instruct those whom he comes in contact with, many could be brought to understand the virtues and benefits to be derived from Hahnemannian methods.

Now, as to the question of dues and their increase because of a possible federation of societies, it seems to me that this is but a necessary and just tax which every physician should willingly meet, be his income large or small. The larger our society, the greater our influence and this holds true, not alone with the national body, but with the many state and sectional societies.

Those who have been interested in Parsons' plan of federation should supplement their reading and consider the plan of reorganization presented by Sawyer in the March JOURNAL. In his article he demands the efficacy of unity, not alone between the various societies, but between the colleges, hospitals and training schools.

Those who intend to be present at the meeting of the society at Baltimore, would do well to study these two articles and go prepared to discuss the same.

It is my personal belief that the homœopathic believers must come out and definitely proclaim the fact that they are *therapeutic specialists,* and I wish to take this opportunity to reiterate the definition which I have already presented to two of our medical societies and which was mentioned in the leading editorial of the March issue, viz:—*Homœopathy is a therapeutic drug specialty primarily governed by the law 'similia similibus curantur.'*

GENERAL NEWS

California. Dr. W. B. Ryder has moved to First Nat'l Bank Bldg., Long Beach, Calif.

Dr. George H. Martin, formerly of San Francisco, has permanently located at Citizens' Savings Bank Bldg., Pasadena. Dr. Martin will be a valuable addition to the southern colony.

It is a matter of common report that the management of a prospective Los Angeles hospital has been offered Dr. C. E. Fisher of Sterling, Colorado. Dr. Fisher is a militant in homœopathic therapeutics and in propaganda. He has many friends all over the country who will wish him Godspeed.

Dr. William Boericke, Professor of Homœopathic Materia, has a class of twenty-eight in the first course given under the new arrangement in the University of California.

District of Columbia. The Homœopathic Medical Society of Washington has changed its place of meeting to the New Ebbitt. At the March meeting, Dr. LeKites presented "Complications of Scarlet Fever;" Dr. William R. Buchanan, "Chronic Cardiac Diseases;" Dr. Richard Kinsman, "Drugs in Cardiac Diseases."

The members of the profession in Washington are already busy with plans to forward the success of the meeting of the Institute in Baltimore. And Washington itself is a big incentive to make Baltimore and Washington a part of the summer holiday.

The new officers of the Homœopathic Medical Society are Dr. Frank A. Swartwout, president, and Dr. Louise Ross, secretary.

Illinois. The Hahnemann Medical College and Hospital of Chicago has been wholly free from any indebtedness since

November, 1915. In January, 1916, by act of consent of the Secretary of State, the charter was amended to enable the corporation to conduct and operate as a university, hospitals, schools, and colleges, one of which shall be a medical college; the charter also increased the membership of the board of trustees from ten to twenty. Among the new members added to the board are three from the faculty, Drs. Joseph P. Cobb, Charles E. Kahlke, and Julia A. Strawn, in addition to those already there, Drs. Howard Chislett and E. Stillman Bailey. At the annual meeting, Mr. John J. Mitchell, president of the Illinois Trust and Savings Bank, accepted the presidency of the board of trustees. Dr. Cobb was made secretary.

Dr. Schofield makes the following report from the dispensary of Hahnemann Hospital and College for February, 1916:

Medical		Surgical		Gynecological		Pediatrics		Mental and Nervous	
New	Old	New	Old	New	Old	New	Old	New	Old
97	291	58	98	28	111	57	115	13	69

Eye&Ear		Nose&Throat		Venereal		Dermatology		Obstetrics	
New	Old	New	Old	New	Old	New	Old	New	Old
142	308	53	47	9	26	26	79	10	20

Total new patients..... 493
Total old patients.....1,164

Total old and new patients.....1,657

The April meeting of the Chicago Homœopathic Medical society will be the annual dinner and election of officers for the year 1916-17. The feature of President McBurney's year of service has been two or three papers by masters in their department, followed by an informal discussion on everyday practice "over the coffee and sandwiches." At the March meeting, Dr. J. A. Toren gave a paper on the value of the laboratory as an adjunct to internal medicine or surgery. Dr. W. Henry Wilson demonstrated some simple but effective laboratory tests in typhoid and for coagulation. Dr. Elmer Schwartz urged a discriminating study of Hahnemann's method in choosing a remedy.

A good deal of publicity has been given a case of cross infection at Cook County Hospital. Any physician who has had extensive experience in contagious work knows that the probability of cross infection is so great in the winter season in a crowded public hospital that only the desperately poor should be sent to such an institution. What Chicago needs is a series of small cottage hospitals in different sections of the city to take care of the hopelessly poor, and the enforcement of existing building and sanitary laws to make living conditions better for the average wage-earner.

Dr. C. A. Harkness has been appointed Eye and Ear consultant to the Baltimore and Ohio R. R.

The spring moving has begun early:

Dr. James S. Bell announces removal to 701 Columbian Ave., Oak Park, Ill.

Dr. Charles E. Kahlke and Dr. Richard Street have moved to 25 E. Washington St.

Dr. Anson Cameron announces change of office to 30 N. Michigan Avenue.

Dr. Julia Holmes Smith has returned from the South and is at the Arlington Hotel, 839 N. Dearborn Ave.

Dr. Abby D. Allen has received appointment to resident position in the Morgan Park Academy and will establish herself in practice in that suburb.

The After Dinner Club March program was an animated narrative from Dr. Cecilia Kimball of her recent experience in a London war hospital, and a lively discussion over Dr. Hank's "Conference with the Coroner."

Iowa. The State Society will be arranged to cover May 13th in order to enable the members to include in their holiday the musical festival given by the Minneapolis Symphony Orchestra.

Maryland. The press did not deal kindly with the McCusker bill to restrict physicians in dispensing medicine. The bill was killed "beyond resurrection."

Michigan. The May meeting of the State Society which will be held in Ann Arbor promises well under the sagacious direction of President W. G. Paterson, M. D., of Detroit, and Secretary A. B. Smith, M. D., of Grand Rapids. A program of unusual interest is formulating. Among the features of the program will be addresses by such men as G. H. Wells, M. D., Philadelphia; J. C. Wood, M. D., Cleveland; G. Fitzpatrick, M. D., Chicago, each working in the field of his specialty.

The profession of Ann Arbor propose a clinical field day, the day before the regular sessions commence.

The University Hospital, Homœopathic, has been unusually well patronized this season. February was the record-breaking month of its history: the daily average attendance of patients for the month was one hundred one and a half, outpatients not counted. The staff is overworked and the facilities taxed far beyond their effective working capacity.

Dr. John A. Lenfestey announces removal to the David Whitney Bldg., Detroit, while retaining office hours at Mt. Clemens as heretofore.

New York. A great deal of interest is manifested in the April session of the State Society at Rochester. Rochester was hospitable in her invitation to the Institute and now turns with equal enthusiasm to the entertainment of the New York

profession. The program, in so far as determined at this writing, is published in the department of Announcements.

The New York College and Hospital for Women has acquired the building adjacent to its present building, a building extending from 101st St., west to the corner of 9th Ave., and fronting 30 ft. on 9th Ave. This will be remodeled for lecture rooms and laboratories, leaving the whole of the present building for hospital purposes.

Dr. Royal S. Copeland spoke in behalf of preparedness and a united Congress and country at a recent dinner of the Men's League of St. Paul's Congregational Church.

Columbia University has at length followed the lead of many other universities in opening its medical department to women. A similar concession has not yet been granted in the law and engineering departments. With Johns Hopkins, Cornell and Boston University in the East, Chicago and all the state universities in the West, there seems to be no adequate reason for ultraconservatism against co-education.

Pennsylvania. Dr. Herbert L. Northrop was chief guest at a dinner given in honor of the Doctor's fiftieth birthday. Dr. Van Lennep was toastmaster, and Drs. Haines, Powell and Speakman responded. Many guests from over the state came to join the festivities and acknowledge their indebtedness to this master in anatomy.

The women of Pittsburgh are continuing each month their study of adenoids and tonsils in relation to operative measures.

The following changes are announced by members of the Philadelphia profession: Dr. Deacon Steinmetz, surgery exclusively, to 1425 Spruce St. Dr. Fred C. Peters, eye exclusively, to 1825 Spruce St. Dr. George J. Alexander, to 1831 Chestnut St.

Attorney John Frazier gave an interesting paper on "The Workmen's Compensation Law" before the Allegheny County Society, Pittsburgh. Dr. N. P. Kappenburger presented a paper on "Obstruction of the Bowels."

Commencement at Hahnemann, of Philadelphia, will come June first. The class of '88 has already begun preparations for a big reunion. The college will keep open house throughout the month. Members of the Institute on their way to or from the Institute session at Baltimore are cordially invited to visit this college, the oldest of the homœopathic colleges in America and intimately associated with many of the masters in homœopathic therapy.

The American Organ Players' Club, of Philadelphia, gave the fourth in a series of organ concerts in Assembly Hall, on Thursday, March second. Dr. F. O. Nagle and Dr. W. T. Killian contributed numbers on the program.

Dr. William S. Bainbridge of New York gave an illustrated lecture on "Personal Experience in the War Zone" before the Homœopathic Medical Society of Philadelphia, at the March

meeting at the College. The lecture was a careful survey of hospital, Red Cross and sanitary conditions in the war zone.

Dr. Augustus Korndoerfer, Jr., and Dr. A. B. Weber contributed papers to the March meeting of the S. G. and O. Society at Hahnemann College, March twenty-second.

Mme. Schumann-Heink was the guest of the Women's Association, auxiliary to the Children's Homœopathic Hospital in Philadelphia, late in February. The Academy of Music was full, an eager audience to hear this favorite of the concert stage. At the annual business meeting of the hospital, Dr. Augustus Korndoerfer was elected director and acting superintendent, at a salary of two thousand dollars. This places the directorship in the hands of an expert in executive as well as professional work. Dr. J. J. Tuller was made visiting physician and Dr. S. C. Raue, consulting physician.

An interesting demonstration of radium was recently given at the Oxford Medical Club by Mr. Otto Buseck. The marvels of the use of radium as a therapeutic measure is alluring to the student of internal medicine.

The uncompensated emergency demands upon the West Philadelphia Hospital have exhausted the resources. Under the terms of organization, the hospital may not use its building fund for current expenses, and therefore there is made an urgent appeal to friends of the hospital to meet the present demand for reinforcement.

The guild of the Southern Homœopathic Hospital gave a dance with tableaux, March 6th. And the ladies affiliated with Hahnemann Hospital gave a dance, the proceeds of which were contributed to the nose and throat department in the dispensary.

CORRECTION

"Conference with Eclectics," pp. 1097-8. The names of Drs. Spindel and Cummins should be added to the list of eclectics present.

Insert, as the final act of business,

"On motion, ordered,

"That approval of the self-appointed National Board of Medical Examiners be referred to our national organizations for further considerations."

CHANGE OF ADDRESS

From membership list in JOURNAL, December, 1915.

	Moved to
Allen, Abby D.	Morgan Park Academy, Morgan Park, Ill.
Arnold, Romus	901 S. Grant St., Carthage, Mo.
Bell, James S.	701 Columbian Ave., Oak Park, Ill.
Blackburn, Wm. J.	661 Reibold Bldg., Dayton, Ohio.
Cameron, Anson	30 N. Michigan Ave., Chicago, Ill.

Cochran, Mary J.....478 Bayne Ave., Bellevue, Pa.
Colmes, Abraham.....374 Blue Hill Ave., Roxbury, Mass.
Downs, Joseph M.....107 E. Main St., Morrison, Ill.
Everham, Marguerite E...9139 Commercial Ave., Chicago, Ill.
Fox, Wm. C.....640 Wrightwood Ave., Chicago, Ill.
Hulbert, John R.....Thompson, Ohio.
Kahlke, Charles E.....25 E. Washington St., Chicago, Ill.
Kendall, Sarah.....4077 Arcade Bldg., Seattle, Wash.
Martin, George H.....Citizens Savings Bk. Bldg., Pasadena, Cal.
Merz, Henry G.....8 O. K. Bldg., Hammond, Ind.
Mitchell, Joseph R.....757 Montrose Blvd., Chicago, Ill.
Pintler, Hiram E.....Arcade Bldg., Peoria, Ill.
Rankin, Donald T.....Blackshear, Ga.
Ryder, W. B.....1st Nat'l Bk. Bldg., Long Beach, Calif.
Salvin, Louis W.....558 Warren St., Roxbury, Mass.
Selleck, A. W.....Hammond, N. Y.
Shoemaker, George G.....Carnegie, Pa.
Siemon, Lester E.....423 Erie Bldg., Cleveland, Ohio.
Smith, Julia Holmes.....Arlington Hotel, 839 W. Dearborn Ave., Chicago, Ill.
Smith, Melvin D.....Hugenot St., New Rochelle, N. Y.
Street, Richard H.....25 E. Washington St., Chicago, Ill.
VanderBogart, Harry E...4826 N. Kedzie Ave., Chicago, Ill.
Wright, Rodney A.....DeKalb, Ill.

OBITUARY

One calleth to me out of Seir;
Watchman, what of the night?
Watchman, what of the night?
The watchman said,
The morning cometh.
And also the night:
If ye will enquire, enquire ye;
Come ye again.

—*The Oracle of Silence.*

John Jacob Detwiller, M. D., Easton, Pa., 1834-1916. Dr. Detwiller died at his home in Easton, February 29, 1916. His name stands second on our present list of Senior members, having joined the Institute in 1858. Last year he was Honorary President of the Institute. He was the son of Dr. Henry Detwiller, one of the group of homœopathic physicians who established the Institute in 1844. Dr. John J. studied pharmacy before taking up medicine and was graduated from the University of Pennsylvania in 1854. As a business man he was a pioneer in the slate and cement development and a man of large financial income.

William H. Scott, M. D., 430 Greene Ave., Brooklyn, N. Y. 1833-1916. Dr. Scott was born at Lanesboro, Mass., March 19, 1833. He was graduated from Berkshire Medical College and located at Pittsfield, Mass., in 1862. He was in general practice in New York City for over fifty years. A Senior in the Institute, having joined in 1886. R. L. S.

Eugene W. Beebe, M. D., Milwaukee, Wisconsin. 1841-1916. Dr. Beebe has been one of the dependable workers in the Wisconsin field. He was graduated from Hahnemann of Chicago in 1866, joined the Institute in 1870, and did special work in eye and ear.

O. L. Chaffee, M. D., Waverly, Iowa. 1876-1916. Dr. Chaffee was born in John county, Iowa, October 3, 1876, and died at his home in Waverly, March 2, 1916. He was a graduate of Cornell College, Iowa, and of the Chicago Homœopathic Medical College.

Sarah J. Millsop, M. D., of Connecticut, was graduated from the New York College and Hospital for Women in 1886. She served a year as intern in the National Temperance Hospital of Chicago. During that year, the Clara Barton Training School for Nurses was established at this hospital and was under Dr. Millsop's supervision. In the autumn of 1887, Dr. Millsop was persuaded by a patient to locate in Bowling Green, Kentucky, where she established a large practice. For more than twenty years, serving rich and poor, she was an ardent Homœopath, never losing an opportunity to instill its principles in her patrons. She lectured on sanitary science two seasons at the Louisville Medical College. As consultant she traveled long distances. She joined the American Institute of Homœopathy in 1887. This was the first session attended by Dr. Millsop and her friend and classmate, Dr. Lizzie Gutherz. Both attested their interest by frequent attendance and in papers and discussion. During a three months' trip to Europe in 1895, Dr. Millsop consulted Dr. Burnett for the malady which continued her suffering until November 9, 1915, when she fell asleep in San Diego, Cal.

Millie J. Chapman.

Lizzie Gray Gutherz, M. D., of Alabama, was also a member of the class of 1886 from the New York College for Women. She practiced for several years in St. Louis, Mo., and was active in local, state and national societies as long as health permitted. She was secretary and then president of the Southern Homœopathic Society. She joined the Institute in 1890. She died at Atlantic City, June 1, 1912, and was buried in Florence, Alabama, with kindred dead. M. J.C.

Thomas Shearer, M. D., Baltimore, Md., 1825-1916. In the death of Dr. Shearer, the Institute loses another Senior. And homœopathic practice loses one of the fine representatives of the successful general practitioner. Dr. Shearer was born in Scotland, August 1, 1825, and died at his home in Baltimore, February 18, 1916. He was a graduate from the University of Glasgow. He came to America in 1848, and received a medical degree from the Homœopathic College of Pennsylvania in 1858. He has been a member of the Institute since 1867. His son, Dr. Thomas L. Shearer, is also a Senior in the Institute.

Dr. Shearer's interest in literature and art is illustrated by the tribute paid him in 1880, by Sidney Lanier:

TO DR. THOMAS SHEARER

Presenting a portrait-bust of the author

Since you, rare friend, have tied my living tongue
With thanks more large than man e'er said or sung,
So let the dumbness of this image be
My eloquence, and still interpret me.

SOCIETY PROGRAMS

Papers Given Before Pennsylvania Societies. Reported by Dr. Ralph Bernstein.

Clinical Importance of the Examination of Stools in Infancy.....C. Sigmund Raue, M. D.
Recognition of Intestinal Parasites.....S. W. Sappington, M. D.
Cesarean Section.....Theodore J. Gramm, M. D.
Some Phases of Abdominal Diagnosis.....J. D. Elliott, M. D.
Congenital Occlusion of the Posterior Nares. Report of a Case.....J. F. V. Clay, M. D.
Advanced Pulmonary Tuberculosis. Patient Presented.....C. W. Truxal, M. D.
Pharyngeal Ulcer. Patient Presented.....H. L. Gowens, Jr., M. D.
Influenza: A Symposium.
- History.....F. J. Frosch, M. D.
- Bacteriology and Pathology.....O. F. Barthmaier, M. D.
- Clinical Course.....G. M. Golden, M. D.
- Complication and Sequelæ.....W. Rendell Williams, M. D.
- Treatment.....W. H. Yeager, M. D.

The Importance of Rhinological and Otological Examination in Basal Fracture.....G. W. Mackenzie, M. D.
Some Common Affections of the Feet and Their Treatment.....Dudley J. Morton, M. D.

Homœopathic Medical Society, Brooklyn, N. Y.

Iodin in Glandular Affections.....Daniel E. S. Coleman, M. D.
Iodin in Affections of the Respiratory Tract.....William W. Blackman, M. D.
Some Recent Studies in the Pharmacology and Therapy of Iodin.....Royal A. Abbott, M. D.
Osteosarcoma.....Orando S. Ritch, M. D.
Fractures of the Skull.....Robert F. Walmsley, M. D.
Fractures Involving Joints.....George H. Iler, M. D.

BOOK REVIEWS

Textbook of Nervous Diseases. For students and practicing physicians, in thirty lectures, by Robert Bing, docent for neurology at the University of Basel. Only authorized translation by Charles L. Allen, M. D., Los Angeles, California. With 111 illustrations in the text Linen, large 8vo, 481 pp. Price, $5.00. Published in New York by Rebman Company, 141-145 W. 36th St.

The arrangement of this book in the form of lectures merits the gratitude of all teachers and students in medical schools. While the systematic arrangement of the material would have had the advantage of greater clearness and better adaptation for quick reference, this lack is to a certain degree obviated by the introduction of titles, summaries in tabular form, recapitulary headings and a complete index.

The subjects have been grouped according to etiology and pathologico-physiology rather than by topography or on anatomical considerations.

The illustrations are typical of ordinary pathological conditions and not of rare types of disease. Subjects of special importance to the practicing physician, such as the nervous manifestations of arteriosclerosis, the treatment of tabes, of neuritis and neuralgia, the psychology of the neurasthenic, etc., have been dealt with at length.

It is a very readable and a very teachable book. *I. J. B.*

Obstetrics. A Practical Textbook for Students and Practitioners. By Edwin Bradford Cragin, A. B., A. M., (Hon.) M. D., F. R. C. S.; Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York; Attending Obstetrician and Gynecologist to the Sloane Hospital for Women; Consulting Obstetrician to the City Maternity Hospital. Assisted by George H. Ryder, A. B., M. D., Instructor in Gynecology, College of Physicians and Surgeons, Columbia University, New York; Assistant Attending Obstetrician, Sloane Hospital for Women; Associate Surgeon, Woman's Hospital, New York. Octavo, 858 pages, with 499 engravings and 13 plates. Cloth, $6.00 net.

The man who has had for years the advantage of the two thousand cases a year at the Sloane Hospital certainly has an obligation to give the record of such service to the practicing physician. The work also presents American statistics in obstetrics. These are presented from the most careful records available. Dr. Cragin's experience as a specialist in obstetrics and gynecology in private practice gives him an opportunity to present his material in the best possible fashion for the physician who is not connected with institutional work. *S. M. H.*

Hospitals and the Law. Edwin Valentine Mitchell, LL. B., of the Faculty of the College of Law, University of South Dakota. Author of "The Doctor in Court." 178 pp. $1.75. Rebman Co., New York.

In this day when hospital properties are becoming each year more essential an adjunct to medical education, and when there is a disposition to control the medical college exclusively by members of the profession, while the hospital is often controlled exclusively by the laity, a practical handbook of this sort is valuable for reference. The rights and responsibilities, the administration and legal rulings, the remuneration and support of hospitals are clearly discussed. The final chapter on Military and Naval hospitals details the Geneva Conventions of 1864 and 1868. This is interesting reading just at this time. The author recalls Emerson's simile of war, "an epidemic of insanity, breaking out like cholera or influenza, and infecting men's brains instead of their bowels." *S. M. H.*

AMERICAN INSTITUTE OF HOMŒOPATHY

ORGANIZATION

In July, 1843, the *New York Homœopathic Physicians' Society* issued invitations to the homœopathic physicians of the United States to meet in general convention in the city of New York for the purpose of forming a National Homœopathic Medical Society. The invitation was responded to by a considerable number of the leading homœopathic practitioners of the country, who, according to previous arrangement, convened in the Lyceum of Natural History in New York City, on the 10th day of April, 1844, the eighty-ninth anniversary of the birth of the illustrious Hahnemann.

The convention was organized by electing Constantine Hering, M. D., of Philadelphia, Pa., President; Josiah F. Flagg, M. D., of Boston, Mass., and William Channing, M. D., of New York City, N. Y., Vice-Presidents; and Henry Dunnell, M. D., Secretary.

The following resolution was unanimously adopted:

Resolved, That it is deemed expedient to establish a society entitled "*The American Institute of Homœopathy.*"

John F. Gray, M. D., was elected General Secretary of the Institute, and S. R. Kirby, M. D., Treasurer.

The Convention having accomplished the object for which it had assembled, on motion, adjourned *sine die.*

Immediately after the adjournment of the Convention, on the evening of the 10th day of April, 1844, at the call of John F. Gray, M. D., General Secretary-elect, the first Session of the *American Institute of Homœopathy was held.* Josiah F. Flagg, M. D., Boston, Mass., was elected Chairman, and A. Gerald Hull, M. D., New York City, N. Y., Provisional Secretary.

CHRONOLOGICAL LIST OF OFFICERS.

FIRST SESSION.

(*Held at New York City, N. Y. April* 10, 1844.)

JOSIAH F. FLAGG, M. D., Boston Mass., Chairman.
JOHN F. GRAY, M. D., New York, N. Y., General Secretary.
A. GERALD HULL, M. D., New York, N. Y., Provisional Secretary.
S. R. KIRBY, M. D., New York, N. Y., Treasurer.

SECOND SESSION.

(*Held at New York City, N. Y., May* 14, 1845.)

JACOB JEANES, M. D., Philadelphia, Pa., Chairman.
EDWARD BAYARD, M. D., New York, N. Y., General Secretary.
R. A. SNOW, M. D., New York, N. Y., Provisional Secretary.
S. R. KIRBY, M. D., New York, N. Y., Treasurer.

THIRD SESSION.

(*Held at Philadelphia, Pa., May* 13, 1846.)

S. R. KIRBY, M. D., New York, N. Y., Chairman.
EDWARD BAYARD, M. D., New York, N. Y., General Secretary.
R. A. SNOW, M. D., New York, N. Y., Provisional Secretary.
S. R. KIRBY, M. D., New York, N. Y., Treasurer.

FOURTH SESSION.

(*Held at Boston, Mass., June* 9, 1847.)

F. R. McMANUS, M. D., Baltimore, Md., Chairman.
EDWARD BAYARD, M. D., New York, N. Y., General Secretary.
R. A. SNOW, M. D., New York, N. Y., Provisional Secretary.
S. R. KIRBY, M. D., New York, N. Y., Treasurer.

FIFTH SESSION.

(*Held at New York City, N. Y., June* 14, 1848.)

WALTER WILLIAMSON, M. D., Philadelphia, Pa., Chairman.
EDWARD BAYARD, M. D., New York, N. Y., General Secretary.
R. A. SNOW, M. D., New York, N. Y., Provisional Secretary.
S. R. KIRBY, M. D., New York, N. Y., Treasurer.

SIXTH SESSION.

(*Held at Philadelphia, Pa., June* 13, 1849.)

WALTER WILLIAMSON, M. D., Philadelphia, Pa., Chairman.
ALVIN E. SMALL, M. D., New York, N. Y., General Secretary.
WILLIAM P. ESREY, M. D., Springfield, Mass., Provisional Secretary.
S. R. KIRBY, M. D., New York, N. Y., Treasurer.

SEVENTH SESSION.

(*Held at Albany, N. Y., June* 12, 1850.)

EDWARD BAYARD, M. D., New York, N. Y., Chairman.
ALVIN E. SMALL, M. D., New York, N. Y., General Secretary.
G. W. SWAZEY, M. D., Springfield, Mass., Provisional Secretary
S. R. KIRBY, M. D., New York, N. Y., Treasurer.

EIGHTH SESSION.

(*Held at New Haven, Conn., June* 11, 1851.)

WILLIAM E. PAYNE, M. D., Bath, Me., Chairman.
G. W. SWAZEY, M. D., Springfield, Mass., General Secretary.
CHARLES G. FOOTE, M. D., New Haven, Conn., Provisional Secretary.
S. R. KIRBY, M. D., New York, N. Y., Treasurer.

NINTH SESSION.

(*Held at Baltimore, Md., May* 19, 1852.)

ELIAL T. FOOTE, M. D., New Haven, Conn., Chairman.
WILLIAM A. GARDINER, M. D., Philadelphia, Pa., General Secretary.
S. S. GUY, M. D., Brooklyn, N. Y., Provisional Secretary.
S. R. KIRBY, M. D., New York, N. Y., Treasurer.

TENTH SESSION.

(*Held at Cleveland, O., June* 8, 1853.)

RICHARD GARDINER, M. D., Philadelphia, Pa., Chairman.
WILLIAM A. GARDINER, M. D., Philadelphia, Pa., General Secretary.
S. S. GUY, M. D., Brooklyn, N. Y., Provisional Secretary.
S. R. KIRBY, M. D., New York, N. Y., Treasurer.

ELEVENTH SESSION.

(*Held at Albany, N. Y., June* 7, 1854.)

LYMAN CLARY, M. D., Syracuse, N. Y., Chairman.
S. S. GUY, M. D., Brooklyn, N. Y., General Secretary.
J. REDMAN COE, Jr., M. D., Philadelphia, Pa., Provisional Secretary.
A. S. BALL, M. D., New York, N. Y., Treasurer.

TWELFTH SESSION.

(*Held at Buffalo, N. Y., June* 6, 1855.)

C. H. SKIFF, M. D., New Haven, Conn., Chairman.
J. P. DAKE, M. D., Pittsburg, Pa., General Secretary.
A. H. BEERS, M. D., Buffalo, N. Y., Provisional Secretary.
S. S. GUY, M. D., Brooklyn, N. Y., Treasurer.

THIRTEENTH SESSION.

(*Held at Washington, D. C., June* 4, 1856.)

G. W. SWAZEY, M. D., Springfield, Mass., Chairman.
F. R. McMANUS, M. D., Baltimore, Md., General Secretary.
J. MIDDLETON, M. D., Baltimore, Md., Provisional Secretary.
S. S. GUY, M. D., Brooklyn, N. Y., Treasurer.

FOURTEENTH SESSION.

(*Held at Chicago, Ill., June* 3, 1857.)

J. P. DAKE, M. D., Pittsburg, Pa., Chairman.
D. S. SMITH, M. D., Chicago, Ill., General Secretary.
G. E. SHIPMAN, M. D., Chicago, Ill., Provisional Secretary.
S. S. GUY, M. D., Brooklyn, N. Y., Treasurer.

FIFTEENTH SESSION.

(*Held at Brooklyn, N. Y., June* 4, 1858.)

D. S. SMITH, M. D., Chicago, Ill., Chairman.
WILLIAM E. PAYNE, M. D., Bath, Me., General Secretary.
E. T. RICHARDSON, M. D., Brooklyn, N. Y., Provisional Secretary.
S. S. GUY, M. D., Brooklyn, N. Y., Treasurer.

SIXTEENTH SESSION.

(*Held at Boston, Mass., June* 1, 1859.)

P. P. WELLS, M. D., Brooklyn, N. Y., Chairman.
HENRY D. PAYNE, M. D., Albany, N. Y., General Secretary.
I. T. TALBOT, M. D., Boston, Mass., Provisional Secretary.
C. H. SKIFF, New Haven, Conn., Treasurer.

SEVENTEENTH SESSION.

(*Held at Philadelphia, Pa., June* 2, 1860.)

E. C. WITHERELL, M. D., Cincinnati, O., Chairman.
JACOB BEAKLEY, M. D., New York, N. Y., General Secretary.
HENRY M. SMITH, M. D., New York, N. Y., Provisional Secretary.
C. H. SKIFF, M. D., Brooklyn, N. Y., Treasurer.

(No sessions were held during the Civil War.)

EIGHTEENTH SESSION.

(*Held at Cincinnati, Ohio, June* 7, 1865.)

S. S. GUY, M. D., Brooklyn, N. Y., President.
I. T. TALBOT, M. D., Boston, Mass., Vice-President.
G. D. BEEBE, M. D., Chicago, Ill., General Secretary.
WILLIAM TOD HELMUTH, M. D., St. Louis, Mo., Provisional Secretary.
D S. SMITH, M. D., Chicago, Ill., Treasurer.

(By a change of the by-laws the Chairman became President, and the office of Vice-President was instituted at this session.)

NINETEENTH SESSION.

(*Held at Pittsburg, Pa., June* 6, 1866.)

J. S. DOUGLAS, M. D., Milwaukee, Wis., President.
S. R. BECKWITH, M. D., Cleveland, O., Vice-President.
I. T. TALBOT, M. D., Boston, Mass., General Secretary.
HENRY B. CLARKE, M. D., New Bedford, Mass., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

TWENTIETH SESSION.

(*Held at New York City, N. Y., June* 4, 1867.)

WILLIAM TOD HELMUTH, M. D., St. Louis, Mo., President.
P. P. WELLS, M. D., Brooklyn, N. Y., Vice-President.
I. T. TALBOT, M. D., Boston, Mass., General Secretary.
HORACE M. PAINE, M. D., Albany, N. Y., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

TWENTY-FIRST SESSION.

(*Held at St. Louis, Mo., June* 2, 1868.)

HENRY D. PAINE, M. D., New York, N. Y., President.
T. G. COMSTOCK, M. D., St. Louis, Mo., Vice-President.
I. T. TALBOT, M. D., Boston, Mass., General Secretary.
H. L. CHASE, M. D., Cambridge, Mass., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer

TWENTY-SECOND SESSION.

(*Held at Boston, Mass., June* 8, 1869.)

REUBEN LUDLAM, M. D., Chicago, Ill., President.
D. H. BECKWITH, M. D., Cleveland, O., Vice-President.
I. T. TALBOT, M. D., Boston, Mass., General Secretary.
TIMOTHY F. ALLEN, M. D., New York, N. Y., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

TWENTY-THIRD SESSION.

(*Held at Chicago, Ill., June* 7, 1870.)

DAVID THAYER, M. D., Boston, Mass., President.
J. J. YOULIN, M. D., Jersey City, N. J., Vice-President.
REUBEN LUDLAM, M. D., Chicago, Ill., General Secretary.
T. C. DUNCAN, M. D., Chicago, Ill., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

TWENTY-FOURTH SESSION.

(*Held at Philadelphia, Pa., June* 6, 1871.)

D. H. BECKWITH, M. D., Cleveland, O., President.
J. D. TEMPLE, M. D., St. Louis, Mo., Vice-President.
REUBEN LUDLAM, M. D., Chicago, Ill., General Secretary.
T. C. DUNCAN, M. D., Chicago, Ill., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

TWENTY-FIFTH SESSION.

(*Held at Washington, D. C., June 21, 1872.*)

I. T. TALBOT, M. D., Boston, Mass., President.
J. J. YOULIN, M. D., Jersey City, N. J., Vice-President.
ROBERT J. McCLATCHEY, M. D., Philadelphia, Pa., General Secretary.
BUSHROD W. JAMES, M. D., Philadelphia, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York. N. Y., Treasurer.

TWENTY-SIXTH SESSION.

(*Held at Cleveland, Ohio, June 3, 1873.*)

ALVIN E. SMALL, M. D., Chicago, Ill., President.
J. C. BURGHER, M. D., Pittsburg, Pa., Vice-President.
ROBERT J. McCLATCHEY, M. D., Philadelphia, Pa., General Secretary.
BUSHROD W. JAMES, M. D., Philadelphia, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

TWENTY-SEVENTH SESSION.

(*Held at Niagara Falls, N. Y., June 9, 1874.*)

JOHN J. YOULIN, M. D., Jersey City, N. J., President.
N. SCHNEIDER, M. D., Cleveland, O., Vice-President.
ROBERT J. McCLATCHEY, M. D., Philadelphia, Pa., General Secretary.
BUSHROD W. JAMES, M. D., Philadelphia, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York, Treasurer.

TWENTY-EIGHTH SESSION.

(*Held at Put-in-Bay, Ohio, June 16, 1875.*)

WILLIAM H. HOLCOMBE, M. D., New Orleans, La., President.
L. E. OBER, M. D., La Crosse, Wis., Vice-President.
ROBERT J. McCLATCHEY, M. D., Philadelphia, Pa., General Secretary.
BUSHROD W. JAMES, M. D., Philadelphia, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

TWENTY-NINTH SESSION.

(*Held at Philadelphia, Pa., June 26 to July 1, 1876, in Conjunction with the World's Homœopathic Convention; the Officers of the Institute Being Constituted the Officers of the Convention.*)

CARROLL DUNHAM, M. D., Irvington-on-Hudson, N. Y., President.
E. C. FRANKLIN, M. D., St. Louis, Mo., Vice-President.
ROBERT J. McCLATCHEY, M. D., Philadelphia, Pa., General Secretary.
T. C. DUNCAN, M. D., Chicago, Ill., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y. Treasurer.

THIRTIETH SESSION.

(*Held at Lake Chautauqua, N. Y., June 26, 1877.*)

E. C. FRANKLIN, M. D., St. Louis, Mo., President.
T. P. WILSON, M. D., Cincinnati, O., Vice-President.
ROBERT J. McCLATCHEY, M. D., Philadelphia, Pa., General Secretary.
JOSEPH C. GUERNSEY, M. D., Philadelphia, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

THIRTY-FIRST SESSION.

(*Held at Put-in-Bay, Ohio, June* 18, 1878.)

JOHN C. BURGHER, M. D., Pittsburg, Pa., President.
J. C. SANDERS, M. D., Cleveland, O., Vice-President.
ROBERT J. McCLATCHEY, M. D., Philadelphia, Pa., General Secretary.
JOSEPH C. GUERNSEY, M. D., Philadelphia, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

THIRTY-SECOND SESSION.

(*Held at Lake George, N. Y., June* 17, 1879.)

CONRAD WESSELHOEFT, M. D., Boston, Mass., President.
N. FRANCIS COOKE, M. D., Chicago, Ill., Vice-President.
ROBERT J. McCLATCHEY, M. D., Philadelphia, Pa., General Secretary.
JOSEPH C. GUERNSEY, M. D., Philadelphia, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

THIRTY-THIRD SESSION.

(*Held at Milwaukee, Wis., June* 18, 1880.)

T. P. WILSON, M. D., Ann Arbor, Mich., President.
GEORGE A. HALL, M. D., Chicago, Ill., Vice-President.
J. C. BURGHER, M. D., Pittsburg, Pa., General Secretary.
J. H. McCLELLAND, M. D., Pittsburg, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

THIRTY-FOURTH SESSION.

(*Held at Brighton Beach, N. Y., June* 14, 1881.)

J. W. DOWLING, M. D., New York, N. Y., President.
W. L. BREYFOGLE, M. D., Louisville, Ky., Vice-President.
J. C. BURGHER, M. D., Pittsburg, Pa., General Secretary.
J. H. McCLELLAND, M. D., Pittsburg, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

THIRTY-FIFTH SESSION.

(*Held at Indianapolis, Ind., June* 13, 1882.)

W. L. BREYFOGLE, M. D., Louisville, Ky., President.
BUSHROD W. JAMES, M. D., Philadelphia, Pa., Vice-President.
J. C. BURGHER, M. D., Pittsburg, Pa., General Secretary.
JOSEPH C. GUERNSEY, M. D., Philadelphia, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

THIRTY-SIXTH SESSION.

(*Held at Niagara Falls, N. Y., June* 19, 1883.)

BUSHROD W. JAMES, M. D., Philadelphia, Pa., President.
O. S. RUNNELS, M. D., Indianapolis, Ind., Vice-President.
J. C. BURGHER, M. D., Pittsburg, Pa., General Secretary.
T. M. STRONG, M. D., Ward's Island, N. Y., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

THIRTY-SEVENTH SESSION.

(Held in Deer Park, Md., June 17, 1884.)

JOHN C. SANDERS, M. D., Cleveland, O., President.
T. F. ALLEN, M. D., New York, N. Y., Vice-President.
J. C. BURGHER, M. D., Pittsburg, Pa., General Secretary.
T. M. STRONG, M. D., Ward's Island, N. Y., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

THIRTY-EIGHTH SESSION.

(Held at St. Louis, Mo., June 2, 1885.)

TIMOTHY F. ALLEN, M. D., New York, N. Y., President.
A. C. COWPERTHWAITE, M. D., Iowa City, Vice-President.
J. C. BURGHER, M. D., Pittsburg, Pa., General Secretary.
T. M. STRONG, M. D., Ward's Island, N. Y., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

THIRTY-NINTH SESSION.

(Held at Saratoga Springs, N. Y., June 28, 1886.)

O. S. RUNNELS, M. D., Indianapolis, Ind., President.
A. I. SAWYER, M. D., Monroe, Mich., Vice-President.
J. C. BURGHER, M. D., Pittsburg, Pa., General Secretary.
T. M. STRONG, M. D., Ward's Island, N. Y., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

FORTIETH SESSION.

(Held at Saratoga Springs, N. Y., June 27, 1887.)

F. H. ORME, M. D., Atlanta, Ga., President.
A. R. WRIGHT, M. D., Buffalo, N. Y., Vice-President.
J. C. BURGHER, M. D., Pittsburg, Pa., General Secretary.
T. M STRONG, M. D., Ward's Island, N. Y., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

FORTY-FIRST SESSION.

(Held at Niagara Falls, N. Y., June 29, 1888.)

A. C. COWPERTHWAITE, M. D., Iowa City, Iowa, President.
N. SCHNEIDER, M. D., Cleveland, O., Vice-President.
PEMBERTON DUDLEY, M. D., Philadelphia, Pa., General Secretary.
T. M. STRONG, M. D., Ward's Island, N. Y., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

FORTY-SECOND SESSION.

(Held at Minnetonka Beach, Minn., June 24, 1889.)

SELDON H. TALCOTT, M. D., Middletown, N. Y., President.
THEO. Y. KINNE, M. D., Paterson, N. J., Vice-President.
PEMBERTON DUDLEY, M. D., Philadelphia, Pa., General Secretary.
T. M. STRONG, M. D., Ward's Island, N. Y., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

FORTY-THIRD SESSION.

(Held at Waukesha, Wis., June 16, 1890.)

ALFRED I. SAWYER, M. D., Monroe, Mich., President.
J. D. BUCK, M. D., Cincinnati, O., Acting President.
CHESTER G. HIGBEE, M. D., St. Paul, Minn., Vice-President.
PEMBERTON DUDLEY, M. D., Philadelphia, Pa., General Secretary.
T. M. STRONG, M. D., Macon, Pa., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.

[NOTE—The appointment of an Acting President was made necessary by the illness of the President and the absence of the Vice-President.

FORTY-FOURTH SESSION.

(Held at Atlantic City, N. J., in Conjunction with the Fourth International Homœopathic Congress, June 16, 1891.)

THEO. Y. KINNE, M. D., Paterson, N. J., President.
JAMES H. McCLELLAND, M. D., Pittsburg, Pa., Vice-President.
PEMBERTON DUDLEY, M. D., Philadalphia, Pa., General Secretary.
T. M. STRONG, M. D., Macon, Ga., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.
T. FRANKLIN SMITH, M. D., New York, N. Y., Assistant Treasurer.

FORTY-FIFTH SESSION.

(Held at Washington, D. C., June 13, 1892.)

THEO. Y. KINNE, M. D. Paterson, N. J., President.
JAMES H. McCLELLAND, M. D., Pittsburg, Pa., Vice-President.
PEMBERTON DUDLEY, M. D., Philadelphia, Pa., General Secretary.
T. M. STRONG, M. D., Macon, Ga., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.
T. FRANKLIN SMITH, M. D., New York, N. Y., Assistant Treasurer.

FORTY-SIXTH SESSION.

(Held at Chicago, Ill., 1893.)

JAMES H. McCLELLAND, M. D., Pittsburg, Pa., President.
C. E. FISHER, M. D., Chicago, Ill., First Vice-President.
MILLIE J. CHAPMAN, M. D., Pittsburg, Pa., Second Vice-President.
PEMBERTON DUDLEY, M. D., Philadelphia, Pa., General Secretary.
T. M. STRONG, M. D., Macon, Ga., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.
T. FRANKLIN SMITH, M. D., New York, N. Y., Assistant Treasurer.

FORTY-SEVENTH SESSION.

(FIFTIETH ANNIVERSARY.)

(Held at Denver, Colo., 1894.)

JAMES H. McCLELLAND, M. D., Pittsburg, Pa., President.
C. E. FISHER, M. D., Chicago, Ill., First Vice-President.
MILLIE J. CHAPMAN, M. D., Pittsburg, Pa., Second Vice-President.

PEMBERTON DUDLEY, M. D., Philadelphia, Pa., General Secretary.
T. M. STRONG, M. D., Macon, Ga., Provisional Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.
T. FRANKLIN SMITH, M. D., New York, N. Y., Assistant Treasurer.

FIFTY-FIRST SESSION.

(*Held at Newport, R. I.*, 1895.)

CHARLES E. FISHER, M. D., Chicago, Ill., President.
J. B. GREGG CUSTIS, M. D., Washington, D. C., First Vice-President.
EUGENE F. STORKE, M. D., Denver, Colo., Second Vice-President.
EUGENE H. PORTER, M. D., New York, N. Y., General Secretary.
FRANK KRAFT, M. D., Cleveland, O., Recording Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.
T. FRANKLIN SMITH, M. D., New York, N. Y., Assistant Treasurer.

FIFTY-SECOND SESSION.

(*Held at Detroit, Mich.*, 1896.)

PEMBERTON DUDLEY, M. D., Philadelphia, Pa., President.
D. A. MACLACHLAN, M. D., Detroit, Mich., First Vice-President.
J. C. BUDLONG, M. D., Providence, R. I., Second Vice-President.
EUGENE H. PORTER, M. D., New York, N. Y., General Secretary.
FRANK KRAFT, M. D., Cleveland, O., Recording Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.
T. FRANKLIN SMITH, M. D., New York, N. Y., Assistant Treasurer.

FIFTY-THIRD SESSION.

(*Held at Buffalo, N. Y.*, 1897.)

J. B. GREGG CUSTIS, M. D., Washington, D. C., President.
CHAS. E. WALTON, M. D., Cincinnati, O., First Vice-President.
C. C. MILLER, M. D., Detroit, Mich., Second Vice-President.
EUGENE H. PORTER, M. D., New York, N. Y., General Secretary.
FRANK KRAFT, M. D., Cleveland, O., Recording Secretary.
E. M. KELLOGG, M. D., New York, N. Y., Treasurer.
T. FRANKLIN SMITH, M. D., New York, N. Y., Assistant Treasurer.

FIFTY-FOURTH SESSION.

(*Held at Omaha, Neb.*, 1898.)

A. R. WRIGHT, M. D., Buffalo, N. Y., President.
WM. E. GREEN, M. D., Little Rock, Ark., First Vice-President.
CH. GATCHELL, M. D., Chicago, Ill., Second Vice-President.
EUGENE H. PORTER, M. D., New York, N. Y., General Secretary.
FRANK KRAFT, M. D., Cleveland, O., Recording Secretary.
E. M. KELLOGG, M. D., 115 East 37th Street, New York, N. Y., Treasurer.
T. FRANKLIN SMITH, M. D., New York, N. Y., Assistant Treasurer.

FIFTY-FIFTH SESSION.

(*Held at Atlantic City, N. J.*, 1899.)

BENJ. F. BAILEY, M. D., Lincoln, Neb.. President.
A. B. NORTON, M. D., New York, First Vice-President.
SARAH J. MILLSOP, M. D., Bowling Green, Ky., Second Vice-President.
EUGENE H. PORTER, M. D., New York, N. Y., General Secretary.
FRANK KRAFT, M. D., Cleveland, O., Recording Secretary.
E. M. KELLOGG, M. D., 115 East 37th Street, New York, N. Y., Treasurer.
T. FRANKLIN SMITH, M. D., New York, N. Y., Assistant Treasurer.

FIFTY-SIXTH SESSION.

(*Held at Washington, D. C.*, 1900.)

CHAS. E. WALTON, M. D., Cincinnati, O., President.
JOSEPH P. COBB; M. D., Chicago, Ill., First Vice-President.
NANCY T. WILLIAMS, M. D., Augusta, Me., Second Vice-President.
EUGENE H. PORTER, M. D., New York, N. Y., General Secretary.
WILSON A. SMITH, M. D., Morgan Park, Ill., Recording Secretary.
T. FRANKLIN SMITH, 264 Lenox Ave., New York, N. Y., Treasurer.

FIFTY-SEVENTH SESSION.

(*Held at Richfield Springs, N. Y.*, 1901.)

A. B. NORTON, M. D., New York, N. Y., President.
GEO. ROYAL, M. D., Des Moines, Iowa, First Vice-President.
FLORENCE N. WARD, M. D., San Francisco, Cal., Second Vice-President
EUGENE H. PORTER, M. D., New York, N. Y., General Secretary.
T. FRANKLIN SMITH, 264 Lenox Ave., New York, N. Y., Treasurer.
WILSON A. SMITH, M. D., Morgan Park, Ill., Recording Secretary.

FIFTY-EIGHTH SESSION.

(*Held at Cleveland, O., June 17*, 1902.)

JAMES C. WOOD, A. M., M. D., Cleveland, O., President.
EDWARD BEECHER HOOKER, M. D., Hartford, Conn., First Vice-President.
EDWARD Z. COLE, M. D., Baltimore, Md., Second Vice-President.
CH. GATCHELL, M. D., Chicago, Ill., General Secretary.
T. FRANKLIN SMITH, M. D., New York, N. Y., Treasurer.
WILSON A. SMITH, M. D., Morgan Park, Ill., Recording Secretary.

FIFTY-NINTH SESSION.

(*Held at Boston, Mass., June 22-27*, 1903.)

JOS. P. COBB, M. D., Chicago, Ill., President.
H. F. BIGGAR, M. D., Cleveland, O., First Vice-President.
M. BELLE BROWN, M. D., New York, Second Vice-President.
CH. GATCHELL, M. D., Chicago, Ill., Secretary.
T. FRANKLIN SMITH, M. D., New York, N. Y., Treasurer.
J. RICHEY HORNER, M. D., Cleveland, O., Recording Secretary.

SIXTIETH SESSION.

(Held at Niagara Falls, N. Y., June 20-25, 1904.)

JNO. P. SUTHERLAND, M. D., Boston, Mass., President.
H. E. BEEBE, M. D., Sidney, O., First Vice-President.
ANNIE W. SPENCER, M. D., Batavia, Ill., Second Vice-President.
CH. GATCHELL, M. D., Chicago, Ill., Secretary.
T. FRANKLIN SMITH, M. D., New York, N. Y., Treasurer.
J. RICHEY HORNER, M. D., Cleveland, O., Recording Secretary.

SIXTY-FIRST SESSION.

(Held at Chicago, Ill., June 26-July 1, 1905.)

GEORGE ROYAL M. D., Des Moines, Ia., President.
WM. RUFUS KING, M. D., Washington, D. C., First Vice-President.
WM. BOERICKE, M. D., San Francisco Cal., Second Vice-President.
CH. GATCHELL, M. D., Chicago, Ill., Secretary.
T. FRANKLIN SMITH, M. D., New York, N. Y., Treasurer.
J. RICHEY HORNER, M. D., Cleveland, O., Recording Secretary.

SIXTY-SECOND SESSION.

(Held at Atlantic City, N. J., Sept 10-15, 1906.)

W. E. GREEN, M. D., Little Rock Ark., President.
W. A. DEWEY, M. D., Ann Arbor, Mich., First Vice-President.
C. E. SAWYER, M. D., Marion, Ohio, Second Vice-President.
CH. GATCHELL, M. D., Chicago, Ill., Secretary.
T. FRANKLIN SMITH, M. D., New York, N. Y., Treasurer.
J. RICHEY HORNER, M. D., Cleveland, O., Registrar and Acting Secretary.

SIXTY-THIRD SESSION.

(Held in Jamestown Exposition, Norfolk, Va., June 17-22, 1907.)

EDWARD B. HOOKER, M. D., Hartford, Conn., President.
JAS. W. WARD, M. D., San Francisco, Cal., First Vice-President.
W. E. REILY, M. D., Fulton, Mo., Second Vice-President.
FRANK KRAFT, M. D., Cleveland, O., Secretary.
THOS. FRANKLIN SMITH, M. D., New York, N. Y., Treasurer.
J. H. BALL, M. D., Bay City, Mich., Registrar.

SIXTY-FOURTH SESSION.

(Held at Kansas City, Mo., June 22-27, 1908.)

ROYAL S. COPELAND, M. D., Ann Arbor, Mich., President.
W. E. REILY, M. D., Fulton, Mo., First Vice-President.
J. RICHEY HORNER, M. D., Cleveland, O., Second Vice-President.
FRANK KRAFT, M. D., Cleveland, O., Secretary.
THOS. FRANKLIN SMITH, M. D., New York, N. Y., Treasurer.
J. H. BALL, M. D., Bay City, Mich., Registrar.

SIXTY-FIFTH SESSION.

(Held at Detroit, Mich., June 21-26, 1909.)

WILLIAM DAVIS FOSTER, M. D., Kansas City, Mo., President.
HAMILTON FISK BIGGAR, M. D., Cleveland, O., Honorary President.
THOS. H. CARMICHAEL, Philadelphia, Pa., First Vice-President.
JOSEPH HENSLEY, M. D., Oklahoma City, Okla., Second Vice-President.
*FRANK KRAFT, M. D., Cleveland, O., Secretary.
J. RICHEY HORNER, M. D., Cleveland, O., Secretary Pro-Tempore.
THOS. FRANKLIN SMITH, M. D., New York City, Treasurer.
JOSEPH H. BALL, M. D., Bay City, Mich., Registrar.

SIXTY-SIXTH SESSION.

(Held at Pasadena, Cal., July 11-16, 1910.)

JAMES W. WARD, M. D., San Francisco, Cal., President.
T. GRISWOLD COMSTOCK, M. D., St. Louis, Mo., Honorary President.
HERBERT DANA SCHENCK, M. D., Brooklyn, N. Y., First Vice-President.
SARAH M. HOBSON, M. D., Chicago, Ill., Second Vice-President.
J. RICHEY HORNER, M. D., Cleveland, Ohio, Secretary.
THOS. FRANKLIN SMITH, M. D., New York City, Treasurer.
WILLIAM O. FORBES, M. D., Hot Springs, Ark., Registrar.

SIXTY-SEVENTH SESSION.

(Held at The Mathewson Hotel, Narragansett Pier, R. I., June 25-July 1, 1911.)

GAIUS J. JONES, M. D., Cleveland, Ohio, President.
ORLANDO S. WOOD, M. D., Omaha, Neb., Honorary President.
WALTER E. NICHOLS, M. D., Pasadena, Cal., First Vice-President.
MARGARET HASSLER SCHANTZ, M. D., Reading, Pa., Second Vice-President.
J. RICHEY HORNER, M. D., Cleveland, Ohio, Secretary.
THOS. FRANKLIN SMITH, M. D., New York City, Treasurer.
WILLIAM O. FORBES, M. D., Hot Springs, Ark., Registrar.

SIXTY-EIGHTH SESSION.

(Held at Pittsburgh, Pa., June 16-22, 1912.)

THOMAS H. CARMICHAEL, M. D., Philadelphia, Pa., President.
GEORGE B. PECK, M. D., Providence, R. I., Honorary President.
WILLIAM H. DIEFFENBACH, M. D., New York City, First Vice-President.
CLARA EMERETTE GARY, M. D., Boston, Mass., Second Vice-President.
J. RICHEY HORNER, M. D., Cleveland, Ohio, Secretary.
THOS. FRANKLIN SMITH, M. D., New York City, Treasurer.
WILLIAM O. FORBES, M. D., Hot Springs, Ark., Registrar.

SIXTY-NINTH SESSION.

(Held at Denver, Colo., July 6-12, 1913.)

WILBERT B. HINSDALE, M. D., Ann Arbor, Michigan, President.
MILES W. PALMER, M. D., New York City, Honorary President.
HENRY R. STOUT, M. D., Jacksonville, Florida, First Vice-President.
MARY ELIZABETH HANKS, M. D., Chicago, Ills., Second Vice-President.
J. RICHEY HORNER, M. D., Cleveland, Ohio, Secretary.
THOS. FRANKLIN SMITH, M. D., New York City, Treasurer.
WILLIAM O. FORBES, M. D., Hot Springs, Ark., Registrar.

SEVENTIETH SESSION.

(Held at Atlantic City, June 28-July 4, 1914.)

DeWITT G. WILCOX, M. D., Boston, Mass., President.
NORMAN G. BURNHAM, M. D., Denver, Col., Honorary President.
GRANT S. PECK, M. D., Denver, Col., First Vice-President.
ANNA D. VARNER, M. D., Wilkinsburg, Pa., Second Vice-President.
SARAH M. HOBSON, M. D., Chicago, Secretary.
THOS. FRANKLIN SMITH, M. D., New York, Treasurer.
WM. O. FORBES, M. D., Hot Springs, Ark., Registrar.

SEVENTY-FIRST SESSION

(Held at Chicago, June 27 to July 3, 1915.)

BYRON E. MILLER, M. D., Portland, Ore., President.
JOHN J. DETWILLER, M. D., Easton, Pa., Honorary President.
HARRIS H. BAXTER, M. D., Cleveland, O., First Vice-President.
MARY E. MOSHER, M. D., Boston, Mass., Second Vice-President.
SARAH M. HOBSON, M. D., Chicago, Ill., Secretary.
THOS. FRANKLIN SMITH, M. D., New York, N. Y., Treasurer.
WILLIAM O. FORBES, M. D., Hot Springs, Ark., Registrar.

Historical Record

Constitution

Adopted at the Third Session of the American Institute of Homœopathy, Philadelphia, May, 1846.

ARTICLE 1. This Association shall be styled the American Institute of Homœopathy.

ART. 2. The object of this Institution shall be the improvement of the science of medicine.

ART. 3. This Institution shall be composed of those physicians who are already members, and of such others as may be hereafter duly chosen in conformity with its By-Laws.

ART. 4. The officers of the Institute shall be a Chairman, a general Secretary, a provisional Secretary, and a Treasurer, with such other officers as shall be designated by the By-Laws, to be chosen at such times, in such manner, and for such periods, and with such duties as those By-Laws shall ordain.

ART. 5. The Institute shall have and use one common seal with a suitable device and inscription.

ART. 6. This Constitution may be altered or amended by a vote of two-thirds of all the members present at a regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing at a previous annual meeting of the Institute.

ANNUAL STATISTICS

REPORT OF THE HOMŒOPATHIC ORGANIZATIONS AND INSTITUTIONS IN THE UNITED STATES*

Thomas Franklin Smith, M. D., New York, N. Y.

NATIONAL HOMŒOPATHIC SOCIETIES

The American Institute of Homœopathy, organized 1844; incorporated 1908. The annual meeting is held late in June, place determined by Board of Trustees. Other meetings are held upon special call. President, Henry C. Aldrich, M. D., 401 Donaldson Bldg., Minneapolis, Minn. Secretary, Sarah M. Hobson, M. D., 917 Marshall Field Bldg., Chicago, Ill. Number of members, 2,891; admitted last year, 172; deceased during the year, 49. Annual dues, $3.00. Publishes the Journal of the American Institute of Homœopathy. "Meeting for 1916, Baltimore, Md."—S. M. H.

International Hahnemannian Association, organized 1881; not incorporated. The annual meeting is held in June, place selected. President, Henry Becker, M. D., Toronto, Ont. Secretary, Frank W. Patch, M. D., Woodside Cottages, Framingham, Mass. Number of members, 162; admitted last year, 8; deceased during the year, 3. Annual dues, $5.00. Publishes its Transactions. "Meeting for 1916, Philadelphia, Pa."—F. W. P.

College Alliance of the American Institute of Homœopathy, organized 1913; not incorporated. The annual meeting is held in Chicago, in February. Other meetings are held with the American Institute of Homœopathy, at its annual meeting. President, Royal S. Copeland, M. D., 58 Central Park West, New York, N. Y. Secretary, Claude A. Burrett, M. D., Columbus, O. Number of members, 10 colleges. Annual dues, $50.00 each college. Delegate, W. B. Hinsdale, M. D.

The American Ophthalmological, Otological, and Laryngological Society, organized 1878; not incorporated. The annual meeting is held at the same time and place as the American Institute of Homœopathy. President, William H. Phillips, M. D., 1002 Rose Bldg., Cleveland, O. Secretary, Ira O. Denman, M. D., 425 Ohio Bldg., Toledo, O. Number of members, 220; admitted last year, 8; deceased during the year, 2. Annual dues, $2.00. Publishes the Journal of Ophthalmology, Otology, and Laryngology.

Obstetrical Society, of the American Institute of Homœopathy, organized 1902; not incorporated. The annual meeting is held in conjunction with the American Institute of Homœopathy. President, John E. James, M. D., Philadelphia. Secretary, G. A. Huntoon, M. D., Des Moines, Ia. Proceedings published in the Journal of the American Institute of Homœopathy.

American Association of Orificial Surgeons, organized 1888; not incorporated. The annual meeting is held in Chicago, in September. A spring clinic is held in Chicago, in April. Other clinics are held in different states, but no regular dates. President, W. A. Guild, M. D., Des Moines, Ia. Secretary, A. E. Henwood, M. D., Kalamazoo, Mich. Number of members, 500; admitted last hear, 47; deceased during the year, 4. Annual dues, $2.00. Publishes the Journal of the American Association of Orificial Surgeons.

---

*Societies or institutions not reporting after three consecutive years will be dropped from the report.

If any physician can give any information about any new society not reported, or any information about those printed in the report as not having recently reported, it will be greatly appreciated, as we wish to make this report as full and as correct as possible. Kindly send information to the Chairman, Thomas Franklin Smith, M. D., 264 Lenox Avenue, New York, N. Y.

The National Society of Physical Therapeutics, organized 1893; not incorporated. The annual meeting is held in conjunction with the American Institute of Homœopathy. President, Harlan P. Cole, M. D., New York, N. Y. Secretary, E. P. Mills, M. D., Ogden, Utah. Number of members, 88; admitted last year, 7. Annual dues, $2.00.

The Federation of State Medical Boards of the United States, organized 1913; not incorporated. The annual meeting is held in February, Congress Hotel, Chicago, Ill. President, David A. Strickler, M. D., Denver, Col. Secretary, Walter L. Bierring, M. D., Equitable Bldg., Des Moines, Ia. Number of members, 27 State Boards; admitted last year, 5. Annual dues, $25.00. Publishes a Bulletin. Each state board member entitled to send one delegate.

Society of Neurology and Psychiatry, of the American Institute of Homœopathy, organized 1906; not incorporated. "This society has been discontinued."—George F. Brewster, M. D., former secretary.

Surgical and Gynecological Association, of the American Institute of Homœopathy, organized 1902; not incorporated. The annual meeting is held in conjunction with the American Institute of Homœopathy. President, E. Weldon Young, M. D., Seattle, Wash. Secretary, Scott Parsons, M. D., Wall Bldg., St. Louis, Mo. Number of members, 175; admitted last year, 25; deceased during the year, 2. Annual dues, $1.00. Transactions are published in the Journal of the American Institute of Homœopathy.

SECTIONAL OR INTERSTATE HOMŒOPATHIC MEDICAL SOCIETIES

The Interstate Federation of Homœopathic Medical Societies of New York and Pennsylvania, organized 1904; not incorporated. No report received for two years. Last report, Secretary, H. S. Mauser, M. D., Scranton, Pa.

New England Hahnemann Association, organized 1895; incorporated 1895. The annual meeting is held in Boston, on the second Monday in January. President, Edmund A. Whitman, Esq., Pemberton Bldg., Boston, Mass. Secretary, Wesley T. Lee, M. D., 220 Clarendon St., Boston, Mass. Number of members, 175. Annual dues, $2.00.

Southern Homœopathic Medical Association, organized 1873; not incorporated. President, Scott Parsons, M. D., Wall Bldg., St. Louis, Mo. Secretary, J. Leonard Jennings, M. D., Danville, Va.

STATE HOMŒOPATHIC MEDICAL SOCIETIES

Arkansas State Homœopathic Medical Society, organized 1903; not incorporated. President, Ida J. Brooks, M. D., 219 E. 10th St., Little Rock, Ark. Secretary, Scott Runnels, M. D., 900 Scott St., Little Rock, Ark.

California State Homœopathic Medical Society, organized 1877; incorporated 1877. The annual meeting is held in cities of northern and southern parts of the state, alternately, on the second Wednesday in May, lasting three days. President, F. S. Barnard, M. D., Auditorium Bldg., Los Angeles, Cal. Secretary, Guy E. Manning, M. D., 391 Sutter St., San Francisco, Cal. Number of members, 162; admitted last year, 12; deceased during the year, 4. Annual dues, $2.00. Papers are published in the Pacific Coast Journal of Homœopathy, the official organ of the Society. "Last meeting held in San Francisco, at the Panama Pacific Exposition, was most satisfactory in results accomplished."—G. E. M.

Colorado Homœopathic Medical Society, organized 1881; not incorporated. The annual meeting is held in Denver. President, Carl D. Fisher, M. D., 633 Mack Block, Denver, Col. Secretary, J. C. Hornecker, M. D., 21 Nevada Bldg., Denver, Col. Number of members, 57; admitted last year, 2. Annual dues, $2.00.

Connecticut Homœopathic Medical Society, organized 1851; incorporated 1864. The annual meeting is held in Hartford, Conn., and New Haven, Conn., alternately, on the third Tuesday in May. A semi-annual meeting is held on the third Tuesday in October, as voted at the preceding annual meeting. President, George E. Evans, M. D., 34 Averill St., Branford, Conn. Secretary, Richard Blackmore, M. D., State Hospital, Norwich, Conn. Number of members, 108; admitted last year, 6; deceased during the year, 2. Annual dues, $3.00. Publishes its Transactions. Delegates, E. B. Hooker, M. D., and C. N. Payne, M. D.

Homœopathic Medical Society of Delaware State and Peninsula, organized 1883; incoporated 1889. The annual meeting is held in Wilmington, Del., on the second Thursday in November. President, C. W. Hughes, M. D., 917 West 8th St., Wilmington, Del. Secretary, Victor D. Washburn, M. D., 822 Washington St., Wilmington, Del. Number of members, 38; admitted last year, 5; resigned, 1. Annual dues, $3.00. Delegates, E. Q. Bullock, M. D., and H. R. Pennock, M. D.; alternates, Julian Adair, M. D., and T. C. Frederick, M. D.

Illinois Homœopathic Medical Association, organized 1855; incorporated 1855. The annual meeting is held in Chicago, on the second Tuesday in May. President, William M. Honn, M. D., Champaign, Ill. Secretary, G. M. Cushing, M. D., 6400 Harvard Ave., Chicago, Ill. Number of members, 500; admitted last year, 24; deceased during the year, 6. Annual dues, $3.00. Publishes The Clinique. Delegates, J. P. Cobb, M. D., and A. E. Smith, M. D.

Indiana Institute of Homœopathy, organized 1867; not incorporated. The annual meeting is held in Indianapolis, in May. President, Albert A. Ogle, M. D., 225 K. of P. Bldg., Indianapolis, Ind. Secretary, John W. Webb, M. D., 3906 East Washington St., Indianapolis, Ind. Number of members, approximately, 200; admitted last year, 2; deceased during the year, 6. Annual dues, $2.00.

Hahnemann Medical Association of Iowa, organized 1870; incorporated 1870. The annual meeting is held in May, place determined by Executive Committee. President, C. E. Holloway, M. D., Flynn Bldg., Des Moines, Ia. Secretary, John W. Cogswell, M. D., 400 Johnson Co. Bank Bldg., Iowa City, Ia. Number of members, 282. Annual dues, $2.00. Publishes the Iowa Homœopathic Journal. Delegates, George Royal, M. D., and G. A. Huntoon, M. D.

Homœopathic Medical Society of the State of Kansas, organized 1869; not incorporated. The annual meeting is held on the first Wednesday in May, at any chosen place. Other meetings are held at the call of the Executive Board. President, W. J. Gates, M. D., Kansas City, Kans. Secretary, C. E. Kinley, M. D., 1963 Parallel Ave., Kansas City, Kans. Number of members, about 45; admitted last year, 6. Annual dues, $1.00.

Kentucky State Homœopathic Medical Society, organized 1885; not incorporated. The annual meeting is held in Louisville and Lexington, alternately, on the first Wednesday in May. President, Edward B. Smith, M. D., Shelbyville, Ky. Secretary, A. H. Seibert, M. D., 709 Starks Bldg., Louisville, Ky. Number of members, 107; deceased during the year, 1. Annual dues, $2.00.

Hahnemann Medical Association of Louisiana, organized 1893; not incorporated. No report received for two years. Last report, Secretary, Frank H. Hardenstein, M. D., 702 Macheca Bldg., New Orleans, La.

Maine Homœopathic Medical Society, organized 1867; incorporated 1867. The annual meeting is held on the second Tuesday in June, in various cities in the state. President, H. H. Plumer, M. D., Union, Me. Secretary, John A. Hayward, M. D., Camden, Me. Number of members, 54 active, 8 honorary; admitted last year, 9 active, 4 honorary; deceased during the year, 1 honorary. Annual dues, $1.00.

Maryland State Homœopathic Medical Society, organized 1875; incorporated 1875. The annual meeting is held in Baltimore, in May. President, M. Bowman Hood, M. D., 626 N. Gilmor St., Baltimore. Md. Secretary, William Dulany Thomas, M. D., 330 N. Charles St., Baltimore, Md. Number of members, 99; deceased during the year, 1. Annual dues, $2.00. Publishes the Maryland Homœopathic Quarterly.

Massachusetts Homœopathic Medical Society, organized 1840; incorporated 1856. The annual meeting is held in Boston, on the second Wednesday in April. A meeting is also held in October, in Boston. President, G. Forrest Martin, M. D., Wyman's Exchange Bldg., Lowell, Mass. Secretary, Edward S. Calderwood, M. D., 223 Warren St., Roxbury, Mass. Number of members, 423; admitted last year, 6; deceased during the year, 12. Annual dues, $5.00. Publishes its Annual Report.

Homœopathic Medical Society of the State of Michigan, organized 1869; incorporated 1869. The annual meeting is held in Ann Arbor, in May. President, W. G. Paterson, M. D., David Whitney Bldg., Detroit, Mich. Secretary, A. B. Smith, M. D., Metz Bldg., Grand Rapids, Mich. Number of members, 520; admitted last year, 18; deceased during the year, 3. Annual dues, $2.00. Publishes its proceedings in the Homœopathic Observer. Delegates, George C. Caron, M. D., and M. C. Sinclair, M. D.

Minnesota State Homœopathic Institute, organized 1867; incorporated 1867. The annual meeting is held in St. Paul and Minneapolis, alternately, on the Third Tuesday in May. A clinical meeting is held, usually in November, called by the President. President, Asa J. Hammond, M. D., 616 Masonic Temple, Minneapolis, Minn. Secretary, Florence A. Richardson, M. D., 401 Donaldson Bldg., Minneapolis, Minn. Number of members, 83; admitted last year, 2. Annual dues, $2.00.

Missouri Institute of Homœopathy, organized 1877; not incorporated. The annual meeting is held in Kansas City and St. Louis, alternately, in April. President, Thomas H. Hudson, M. D., 627 Shukert Bldg., Kansas City, Mo. Secretary, L. T. Armet, M. D., 4721 Easton Ave., St. Louis, Mo. Number of members, 204; admitted last year, 19; deceased during the year, 1. Annual dues, $2.00. Publishes a Monthly Bulletin. Delegates, William D. Foster, M. D., and Scott Parsons, M. D.

Nebraska Homœopathic Medical Society, organized 1873; incorporated 1873. President, W. R. Boyer, M. D., Pawnee City. Secretary, Laura J. Brown, M. D., Lincoln.

Homœopathic Medical Society of the State of New Hampshire, organized 1852; incorporated, 1853. The annual meeting is held in Laconia, Lake Winnepesaukee, on the second Wednesday in June. President, Fred S. Eveleth, M. D., 12 Court St., Concord, N. H. Secretary, B. C. Woodbury, M. D., 43 Middle St., Portsmouth, N. H. Number of members, 51; admitted last year, 1; deceased during the year, 1. Annual dues, $1.00. Secretary's report is published in the Journal of the American Institute of Homœopathy. Delegates, E. S. Eveleth, M. D., and Henry Nadig, M. D.

New Jersey State Homœopathic Medical Society, organized 1854; incorporated 1870. President, Frank P. McKinstry, M. D., Washington, N. J. Secretary, C. Herbert Church, M. D., 128 Prospect St., Passaic. Cor. Secretary, Rudolph F. Rabe, M. D., 616 Madison Ave., New York City. The annual meeting is held in May.

Homœopathic Medical Society of the State of New York, organized 1850; incorporated 1862. The annual meeting is held on the second Tuesday in April; place designated by Executive Board. A semi-annual meeting is held on the second Tuesday in October; place designated by Executive Board. President, J. Ivimey Dowling, M. D., 116 Washington Ave., Albany, N. Y. Secretary, Bert B. Clark, M. D., 200 West 86th St., New York, N. Y. Number of members, 585; admitted last year, 4;

deceased during the year, 9. Annual dues, $3.00. Publishes its Transactions.

Homœopathic Medical Society of North Dakota. President, A. A. Just, M. D., Crookston. Secretary, F. Margaret Peake, M. D., Grand Forks. The next meeting will be at Grand Forks, July 8, 1916.

Homœopathic Medical Society of Ohio, organized 1864; not incorporated. The annual meeting is held in Columbus, on the second Tuesday and Wednesday in May. President, D. L. Mohn, M. D., Ashland, O. Secretary, J. Gould Keiser, M. D., 427 E. Long St., Columbus, O. Number of members, 393; admitted last year, 34; deceased during the year, 3. Annual dues, $3.00. Publishes its Transactions. "New members upon declaration as licensed Homœopathic physicians located in Ohio shall be automatically made members of the Society, to continue the second year upon payment of $1.00 dues, the third year $2.00, and thereafter the regular dues, $3.00 per year."

Oklahoma Institute of Homœopathy, organized 1905; incorporated 1910. The annual meeting is held in April, in Bartlesville, Okla. A business session is held in November. President, M. E. Ray, M. D., Bartlesville, Okla. Secretary, S. B. Leslie, M. D., Okmulgee, Okla. Number of members, 81. Annual dues, $2.00. Proceedings of each meeting published in the Medical Century. Delegate, W. W. Osgood, M. D.

Homœopathic Medical Society of Oregon, organized 1876; incorporated 1876. President, John H. Besson, M. D., Medical Bldg., Portland. Secretary, David C. Breuer, M. D., 901 Stevens Bldg., Portland.

Homœopathic Medical Society of the State of Pennsylvania, organized 1866; incorporated 1896. The annual meeting is held in September, in various parts of the state. The Trustees meet occasionally, in Philadelphia. President, J. M. Heimbach, M. D., Kane, Pa. Secretary, Irvin D. Metzger, M. D., 303 Second National Bank Bldg., Pittsburgh, Pa. Number of members, about 700; admitted last year, 31; deceased during the year, 5. Annual dues, $5.00. Publishes The Hahnemannian Monthly, the official organ of the Society. Delegates, A. Korndoerfer, M. D., and J. J. Tuller, M. D.

Rhode Island Homœopathic Medical Society, organized 1850; incorporated 1861. The annual meeting is held at Narragansett Pier, in January. Quarterly meetings are held in April, July and October, at the Homœopathic Hospital, Providence, R. I. President, Charles H. Finch, M. D., Elmwood Ave., Providence, R. I. Secretary, Robert H. Whitmarsh, M. D., 8 Greene St., Providence, R. I. Number of members, 40; admitted last year, 1. Annual dues, $5.00.

Homœopathic State Medical Society of South Dakota, organized 1893; not incorporated. The annual meeting is held in June, Sioux Falls, S. Dak. President, E. W. Feige, M. D., Huron, S. Dak. Secretary, George H. Fulford, M. D., Sioux Falls, S. Dak. Number of members, 25; admitted last year, 1. Annual dues, $1.00.

Texas Homœopathic Medical Asscciation, organized 1884; not incorporated. The annual meeting is held in October, place selected by President and Secretary. President, D. B. Morrow, M. D., Dallas, Tex. Secretary, Julia H. Bass, M. D., 111 West 8th St., Austin, Tex. Number of members, 29; admitted last year, 1; deceased during the year, 2. Annual dues, $2.00.

Vermont Homœopathic Medical Society, organized 1854; incorporated 1858. The annual meeting is held on the fourth Wednesday in May in Montpelier, even years, and in Burlington, odd years. Other meetings are held at the vote of the Society. President, A. A. Hall, M. D., So. Woodbury, Vt. Secretary, Geo. I. Forbes, M. D., 215 Pearl St., Burlington, Vt. Number of members, 34. Annual dues, $2.00.

Virginia Homœopathic Medical Society, organized 1888; not incorporated. The annual meeting is held in December in various cities in

the state. President, J. L. Jennings, M. D., Danville, Va. Secretary, Garnette W. Johnson, M. D., P. O. Box 162, Schoolfield, Danville, Va. Number of members, 17; admitted last year, 2. Annual dues, $2.00. Delegate, H. S. Corey, M. D.

Washington State Homœopathic Medical Society, organized 1909; not incorporated. The annual meeting is determined by the Executive Committee; in 1915, in November, in Seattle. President, Wm. A. Glasgow, M. D., Cobb Bldg., Seattle, Wash. Secretary, C. P. Bryant, M. D., Cobb Bldg., Seattle, Wash. Number of members, 33; admitted last year, 1. Annual dues, $2.00.

Homœopathic Medical Society of the State of Wisconsin, organized 1865; incorporated 1868. The annual meeting is held the third week in May, usually in Milwaukee, or as determined by the Society. President, S. W. Murphy, M. D., Kenosha, Wis. Secretary, Mary M. Hopkins, M. D., Oconto, Wis. Number of members, 60; admitted last year, 2; deceased during the year, 2. Annual dues, $2.00. Publishes a clinical official Paper. Delegates, M. M. Hopkins, M. D., and Geo. H. Ripley, M. D. "As nearly as we can estimate there are about 250 or 300 Homœopaths in the state, but only 60 of them on our books, paid up members. We are trying to interest and gather in the others."—M. M. H.

LOCAL HOMŒOPATHIC MEDICAL SOCIETIES

California

Sacramento Valley Homœopathic Medical Society, organized 1907; not incorporated. "Only four Homœopaths practicing in Sacramento." —J. H. Fisher, M. D., former Secretary.

Southern California Homœopathic Medical Society, organized 1890; incorporated 1892. The annual meeting is held in Los Angeles, on the second Wednesday and Thursday in October. President, H. A. Atwood, M. D., Riverside, Cal. Secretary, Robert A. Campbell, M. D., 403 Mason Bldg., Los Angeles, Cal. Number of members, 110; admitted last year, 9; deceased during the year, 5; resigned, 2. Annual dues, $2.00. Papers read at meeting published in the Pacific Coast Journal of Homœopathy.

Los Angeles County Homœopathic Medical Society, organized 1906; not incorporated. No report received for two years. Last report, Secretary, Alice G. Henderson, M. D., Hollingsworth Bldg., Los Angeles, Cal.

Connecticut

New Haven Homœopathic Medical Society, organized 1900; not incorporated. "Society still in existence, but inactive."—G. J. Jackowitz, M. D., 312 Orange St., New Haven, Conn., Secretary.

District of Columbia

Washington Homœopathic Medical Society, organized 1870; incorporated 1870. The annual meeting is held in Washington, in December. Monthly meetings are held at the Hotel Bellevue, Washington, D. C. President, Frank A. Swartwout, M. D., 12 Iowa Circle, Washington, D. C. Secretary, H. Clifton King, M. D., 1422 K Street, N. W., Washington, D. C. Number of members, 50; admitted last year, 1; deceased during the year, 1. Annual dues, $2.00.

Illinois

Central Illinois Homœopathic Medical Association, organized 1897; not incorporated. President, Clare Garber, M. D., Decatur. Secretary, E. C. Gaffney, M. D., Lincoln, Ill.

Chicago Homœopathic Medical Society, organized 1894; incorporated 1906. The annual meeting is held in Chicago, on the third Thursday in April. From October to March monthly meetings are held in Chicago. President, B. A. McBurney, M. D., 22 E. Washington St., Chi-

cago, Ill. Secretary, Theodore Bacmeister, M. D., 4041 N. Keeler Ave., Chicago, Ill. Number of members, 200; admitted last year, 12; deceased during the year, 2. Annual dues, $2.00. Publishes a Membership List.

Eastern Illinois Homœopathic Medical Society, organized 1905; not incorporated. No report received this year. Last year, Secretary, M. W. Bisson, M. D., Charleston, Ill.

The Regular Homœopathic Medical Society of Chicago, organized 1906; not incorporated. No report received this year. Last year, Secretary, A. O. Ellison, M. D., 2019 Milwaukee Ave., Chicago, Ill.

Illinois Valley Homœopathic Medical Association, organized 1908; not incorporated. "Society inactive for several years."—A. M. Houston, M. D., Joliet, Ill., Secretary.

Englewood Homœopathic Medical Society, organized 1897; not incorporated. No report received for three years. Last report, Lila E. Beers, M. D., 1746 West 35th St., Chicago, Ill., Secretary.

Riverview Homœopathic Medical Association, organized 1908; not incorporated. The annual meeting is held in Aurora, on the fourth Thursday in October. A semi-annual meeting is held in Aurora, on the fourth Thursday in April. President, C. T. Carr, M. D., Somonauk, Ill. Secretary, Erwin F. Dudley, M. D., Sandwich, Ill. Number of members, 15; admitted last year, 2. Annual dues, $2.00.

Northwestern Homœopathic Medical Society, organized 1895; reorganized 1905; incorporated 1895. The annual meeting is held in Rockford, on the second Thursday in April. A semi-annual meeting is held in Rockford, on the second Thursday in October. President, Alden E. Smith, M. D., Freeport, Ill. Secretary, Elizabeth C. Maas, M. D., Rockford, Ill. Number of members, 33; admitted last year, 4. Annual dues, $1.00. Papers are published in The Clinique.

Indiana

The Marion County Medical Homœopathic Society, organized 1894; not incorporated. No report received for two years. Last report, Secretary, Frank Stuart, M. D., Indianapolis, Ind.

Iowa

Central Iowa Homœopathic Medical Association, organized 1897; not incorporated. The annual meeting is held in July, place selected. Quarterly meetings are held at selected places. President, A. B. Clapp, M. D., Muscatine, Ia. Secretary, W. M. Rohrbacher, M. D., Iowa City, Ia. Number of members, 50. No dues; assessments. Transactions are published in the Iowa Homœopathic Journal.

Des Moines Homœopathic Medical Society, organized 1883; not incorporated. No report received for two years. Last report, Secretary, E. E. Shaw, M. D., 403 Teachout Bldg., Des Moines, Ia.

Rock River Institute of Homœopathy, organized 1881; not incorporated. The annual meeting is held in Clinton, on the first Thursday of October. Other meetings are held as appointed. President, W. F. Spencer, M. D., Geneseo, Ill. Secretary, A. W. Blunt, M. D., 323 Fifth Ave., Clinton, Ia. Number of members, 30; admitted last year, 2. Annual dues, fifty cents. Delegates, J. L. Snavely, M. D., and C. Gruber, M. D.

Sioux City Homœopathic Medical Society, organized 1889; not incorporated. The annual meeting is held in Sioux City, on the second Tuesday of December. Monthly meetings are held on the second Tuesday of the month. President, J. L. Hanchette, M. D., Sioux City, Ia. Secretary, J. H. Lawrence, M. D., Sioux City, Ia. Number of members, 15. Annual dues, $2.00. Papers are published in various journals.

Kentucky

The Falls Cities Homœopathic Medical Society, organized 1897; not incorporated. Monthly meetings are held on the third Tuesday of the

month at the members' offices. President, Mary E. Hopkins, M. D., 609 E. Chestnut St., Louisville, Ky. Secretary, Dora Wheat, M. D., 1152 Second St., Louisville, Ky. Number of members, 21. Annual dues, voluntary.

Maine

Cumberland and York Homœopathic Medical Society, organized 1905; not incorporated. The annual meeting is held in Portland, in January. Meetings are held on the third Wednesday of January, March, May, September and November, in Portland. President, E. S. Abbott, M. D., Bridgton, Me. Secretary, T. K. O'Sullivan, M. D., 316 Congress St., Portland, Me. Number of members, 22; admitted last year, 1. Annual dues, $1.00.

Massachusetts

Boston District Homœopathic Medical Society, organized 1873; not incorporated. The annual meeting is held in Boston, in January. Monthly meetings are held on the first Thursday of the month, excepting July, August and September, in Boston. President, B. T. Loring, M. D., 86 Mt. Auburn St., Watertown, Mass. Secretary, Harold E. Diehl, M. D., 1244 Hancock St., Boston, Mass. Number of members, 230; admitted last year, 5; deceased during the year, 6. Annual dues, $6.00, including membership in State Society.

Boston Society of Homœopathicians, organized 1903; not incorporated. No regular annual meeting; meetings held at appointed times and places in Boston. President, Henry L. Houghton, M. D., 176 Commonwealth Ave., Boston, Mass. Secretary, Mary Parker, M. D., 83 Brattle St., Cambridge, Mass. Number of members, 33; deceased during the year, 1. No dues. "No meetings held 1914-15."—M. Parker.

Massachusetts Surgical and Gynecological Society, organized 1877; not incorporated. The annual meeting is held in Boston, on the third Wednesday of November. A semi-annual meeting is held on the third Wednesday of May, in Boston. President, H. O. Spalding, M. D., Westboro State Hospital, Westboro, Mass. Secretary, Harry J. Lee, M. D., 535 Beacon St., Boston, Mass. Number of members, 230; admitted last year, 11; deceased during the year, 4. Annual dues, $2.00. "This year has shown an improved quality and larger attendance at meetings."—H. J. Lee.

Homœopathic Medical Society of Western Massachusetts, organized 1877; not incorporated. The annual meeting is held in Springfield, Mass., on the third Wednesday in March. Quarterly meetings are held in Springfield. President, Grace Stevens, M. D., 32 Bedford Terrace, Northampton, Mass. Secretary, M. W. Conrow, M. D., 31 Maple St., Springfield, Mass. Number of members, 40; admitted last year, 2; deceased during the year, 2. Annual dues, $1.00 local society, $5.00 state and local societies. "This society is also the Western Massachusetts District of the Massachusetts Homœopathic Medical Society."—M. W. C.

Worcester District of the Massachusetts Homœopathic Medical Society, organized 1866; not incorporated. The annual meeting is held in Worcester, Mass., on the second Wednesday in November. Quarterly meetings are held in Worcester. President, John E. Willis, M. D., 5 Hawthorne St., Worcester, Mass. Secretary, Leslie P. Leland, M. D., 238 Lincoln St., Worcester, Mass. Number of members, 47. Annual dues, $1.00.

Michigan

Homœopathic Medical Society of Western Michigan, organized 1902; not incorporated. The annual meeting is held in Grand Rapids, on the third Wednesday in December. President, C. J. Durham, M. D., Muskegon, Mich. Secretary, D. B. Hagerman, M. D., 313 Metz Bldg., Grand Rapids, Mich. Number of members, 42; admitted last year, 4; deceased during the year, 2. Annual dues, $2.00. Delegate, A. E. Gesler, M. D.

Detroit Homœopathic Practitioners' Society, organized 1884; not incorporated. The annual meeting is held in Detroit, on the third Thursday in May. Meetings are held in Detroit on the third Thursday of each month. President, H. G. Bevington, M. D., 901 David Whitney Bldg., Detroit, Mich. Secretary, W. J. Lovering, M. D., 502 Fine Arts Bldg., Detroit, Mich. Number of members, 76; admitted last year, 10; deceased during the year, 0. Annual dues, $1.00. Delegates, Drs. Knight, MacLachlan and Richards.

Minnesota

Minneapolis Homœopathic Medical Society, organized 1880; 1910; not incorporated. The annual meeting is held on the second Tuesday in June, in Minneapolis. Monthly meetings are held, usually at the West Hotel or The Leamington. President, Ralph St. J. Perry, M. D., 416 Pillsbury Bldg., Minneapolis, Minn. Secretary, Florence A. Richardson, M. D., 401 Donaldson Bldg., Minneapolis, Minn. Number of members, 25. Annual dues, $1.00.

Missouri

Kansas City Homœopathic Medical Society, organized 1905; not incorporated. No report received for two years. Last report, Secretary, Frank Brooke, M. D., 415 Shukert Bldg., Kansas City, Mo.

St. Louis Homœopathic Medical Association, organized 1914; not incorporated. This society is District No. 1 of State Federation, Missouri Institute of Homœopathy. Semi-monthly meetings are held at the Hotel Jefferson, St. Louis, Mo. President, A. H. Schott, M. D., St. Louis, Mo. Secretary, L. E. Bunte, M. D., 3203 Sullivan Ave., St. Louis, Mo. Number of members, 20; admitted last year, 6. Annual dues, $1.00.

New Jersey

Essex County Homœopathic Medical Society, organized 1907 ; incorporated 1907. The annual meeting is held on the third Friday in June. Other meetings are held on the third Friday of each month, at the various members' homes. President, G. Herbert Richards, M. D., 424 Main St., Orange, N. J. Secretary, Irving L. Farr, M. D., 157 Valley Road, Montclair, N. J. Number of members, 67; admitted last year, 2; deceased during the year, 2. Annual dues, $1.00.

Mercer County Homœopathic Medical Society, organized 1901; not incorporated. The annual meeting is held in Trenton, on the third Thursday in January. Monthly meetings are held also. President, V. A. H. Cornell, M. D., 41 W. State St., Trenton, N. J. Secretary, R. S. Siebert, M. D., Hamilton Ave., Trenton, N. J. Number of members, 31; admitted last year, 3; deceased during the year, 2. Annual dues, $1.00.

Monmouth County Homœopathic Medical Society, organized 1904; incorporated 1904. The annual meeting is held on the third Thursday of November. Monthly meetings are held alternately in Red Bank and Asbury Park on the third Thursday of the month, excepting June, July and August. President, C. A. Norris, M. D., Manasquan, N. J. Secretary, Joseph Ackerman, M. D., 433 Cookman Ave., Asbury Park, N. J. Number of members, 15; admitted last year, 2. Annual dues, $1.00.

West Jersey Homœopathic Medical Society, organized 1869; not incorporated. The annual meeting is held in Camden, in May. Quarterly meetings are held in Camden, and on notice in other Jersey towns. President, A. S. Ironside, M. D., 570 Benson St., Camden, N. J. Secretary, Frank F. Moore, M. D., 862 Hadden Ave., Camden, N. J. Number of members, 86; admitted last year, 5; deceased during the year, 1. Annual dues, $1.00.

New York

Albany County Homœopathic Medical Society, organized 1867; not incorporated. The annual meeting is held at the Albany Homœopathic Hospital. Other meetings held at the same place. President, B. E. Kinne, M. D., 40 Eagle St., Albany, N. Y. Secretary, A. W. Greene, M. D., 12 N. Allen St., Albany, N. Y. Number of members, 42; admitted last year, 3; deceased during the year, 2. Annual dues, $2.00.

Brooklyn Hahnemannian Union, organized 1896; not incorporated. The annual meeting is held on the last Saturday in January, at the office of Dr. Stuart Close. Monthly meetings are held, same time and place. A chairman is appointed at each meeting, alphabetically. Secretary, Mrs. Stuart Close, 248 Hancock St., Brooklyn, N. Y. Number of members, 14. Papers are published in the current medical journals.

Broome County Homœopathic Medical Society, organized 1863; not incorporated. No report received this year. Last year, Secretary, W. F. Ward, M. D., 33 Center St., Binghamton, N. Y.

Central New York Homœopathic Medical Society, organized 1850; incorporated 1850. "Society has been dissolved."—S. L. Guild-Legget, M. D., Secretary.

Chenango County Homœopathic Medical Society, organized 1871; incorporated 1872. The annual meeting is held in Norwich, N. Y., on the third Tuesday in January. A semi-annual meeting is held at a chosen place. President, R. E. Miller, M. D., Oxford, N. Y. Secretary, Frederick E. Roper, M. D., Norwich, N. Y. Number of members, 6. Annual dues, $1.00.

Homœopathic Medical Society of the County of Kings, organized 1857; incorporated 1857. The annual meeting is held in Brooklyn, N. Y., on the fourth Tuesday in January. Monthly meetings are held in Brooklyn. President, George H. Oler, M. D., 169 Hancock St., Brooklyn, N. Y. Secretary, L. D. Broughton, M. D., 304 Lewis Ave., Brooklyn, N. Y. Number of members, 117. Annual dues, $3.00.

Homœopathic Medical Society of Madison County, organized 1865; not incorporated. The annual meeting is held in Oneida, N. Y. Other meetings are held as voted. President, W. E. Deuel, M. D., Chittenango, N. Y. Secretary, J. T. Wallace, M. D., 8 Park Ave., Oneida, N. Y. Number of members, 7. Annual dues, $1.00.

Homœopathic Medical Society of the County of New York, organized 1857; incorporated 1858. The annual meeting is held in December, at 17 West 43rd St., New York, N. Y. Other meetings are held in the same place, on the second Thursday of the month, excepting July, August and September. President, Rudolph F. Rabe, M. D., 616 Madison Ave., New York, N. Y. Secretary, Reeve Turner, M. D., 503 West 149th St., New York, N. Y. Number of members, 315. Annual dues, $3.00.

Medico-Chirurgical Society of Central New York, organized 1896; not incorporated. The annual meeting is held in Syracuse, on the first Thursday in June. A semi-annual meeting is held, usually in Syracuse, on the first Thursday in December. President, Edward G. Randall, M. D., Waterville, N. Y. Secretary, Earle A. Gayde, M. D., 823 Albany St., Utica, N. Y. Number of members, 50; admitted last year, 2; deceased during the year, 1. Annual dues, $1.00. Delegates, E. P. Hall, M. D., and J. M. Keese, M. D.

Monroe County Homœopathic Medical Society, organized 1866; incorporated 1872. The annual meeting is held in Rochester, on the second Tuesday in January. Other meetings are held on the second Tuesday of March, September and November. President, A. R. Fritz, M. D., 399 Andrews St., Rochester, N. Y. Secretary, Lloyd H. Clark, M. D., 337 Monroe Ave., Rochester, N. Y. Number of members, 74; admitted last year, 5. Annual dues, $2.00.

Academy of Pathological Science, organized 1893; not incorporated. No annual meeting. Meetings are held on the fourth Friday of each month, 44 West 44th St., New York, N. Y. President, Samuel B. Moore M. D., 445 West End Ave., New York, N. Y. Secretary, John C. Bradner, M. D., 170 West 59th St., New York, N. Y. Number of members. 158; admitted last year, 14; deceased during the year, 1. Annual dues, $2.00.

New York Homœopathic Materia Medica Society, organized 1891; not incorporated. No report received this year. Last year, President, Daniel E. S. Coleman, M. D., 101 West 78th St., New York, N. Y.

Onondaga County Homœopathic Medical Society, organized 1863; incorporated 1863. The annual meeting is held in May, place designated by the officers. Meetings are held every three months, in Syracuse. President, G. J. Gannett, M. D., 306 Euclid Ave., Syracuse, N. Y. Secretary, L. S. Henry, M. D., 608 E. Genesee St., Syracuse, N. Y. Number of members, 27; admitted last year, 4; deceased during the year, 1; 1 left vicinity. Annual dues, $1.00. "Society has recently taken renewed activity and has good meetings."—L. S. H.

Westchester County Homœopathic Medical Society, organized 1865; not incorporated. The annual meeting is held in Yonkers, N. Y., on the last Wednesday in October. A meeting is held in May in Mount Vernon, N. Y. President, Audley V. Quick, M. D., 204 Warburton Ave., Yonkers, N. Y. Secretary, James P. Trotter, M. D., 189 Warburton Ave., Yonkers, N. Y. Number of members, 33; admitted last year, 3. Annual dues, $1.00.

Western New York Homœopathic Medical Society, organized 1885; not incorporated. No report received for two years. Last report, Secretary, R. M. Schley, M. D., 267 Elmwood Ave., Buffalo, N. Y.

Ohio

Cincinnati Homœopathic Medical Lyceum, organized 1889; incorporated 1889. The annual meeting is held at the Hotel Gibson, on the second Wednesday in May. Monthly meetings are held at the same place. President, John H. Wilms, M. D., 10 West 7th St., Cincinnati, O. Secretary, Paul E. Kerkow, M. D., 1112 Russell St., Covington, Ky, Number of members, 56; admitted last year, 1. Annual dues, $1.00.

Cleveland Homœopathic Medical Society, organized 1897; not incorporated. The annual meeting is held on the third Wednesday in May. Monthly meetings are held at the C. A. C. President, J. E. Rowland, M. D., South Euclid, O. Secretary, C. G. LaRocco, M. D., 2183 Cornell Road, Cleveland, O. Number of members, 144; admitted last year, 14; deceased during the year, 1. Annual dues, $1.00. Papers published in homœopathic journals.

Columbus Homœopathic Medical Society, organized 1906; not incorporated. The annual meeting is held in Columbus, on the first Monday in October. Semi-monthly meetings are held on the first and third Monday evenings, in Columbus. President, L. A. Jackson, M. D., 732 Mt. Vernon Ave., Columbus, O. Secretary, J. Gould Keiser, M. D., 427 E. Long St., Columbus, O. Number of members, 23; admitted last year, 3. No dues.

Dayton Homœopathic Medical Society, organized 1894; not incorporated. No report received for three years. Last report, Secretary, Merrill D. Prugh, M. D., 906 N. Main St., Dayton, O.

Eastern Ohio Homœopathic Medical Society, organized 1866; not incorporated. President, A. E. Stepfield, M. D., Doyleston, O. Secretary, E. S. Lyon, M. D., 322 Hamilton Bldg., Akron, O.

Miami Valley Homœopathic Medical Society, organized 1860; incorporated 1870. The annual meeting is held in Dayton, on the last Thursday in October. President, H. H. Wiggers, M. D., 511 Mercantile Library Bldg., Cincinnati, O. Secretary, Rome M. Webster, M. D., 753

Reibold Bldg., Dayton, O. Number of members, 130; admitted last year, 3. No dues.

Northwestern Ohio Homœopathic Medical Society, organized 1892; incorporated 1892. The annual meeting is held in Toledo, on the second Tuesday in December. A semi-annual meeting is held in Toledo, O. President, C. H. Strong, M. D., 767 Spitzer Bldg., Toledo, O. Secretary, J. Arthur True, M. D., 1211 Nicholas Bldg., Toledo, O. Number of members, 150; deceased during the year, 2. Annual dues, $1.00.

Summit County Clinical Society, organized 1885; not incorporated. The annual meeting is held on the third Tuesday in December, place chosen each year. Monthly meetings are held at the offices and homes of the members. President, W. W. Dixon, M. D., E. Akron, O. Secretary, E. B. Whigam, M. D., 627 Second National Bank Bldg., Akron, O. Number of members, 18. No dues.

Union Clinical Society, organized 1902; not incorporated. "Discontinued." C. E. Sawyer.

Oklahoma

Central Homœopathic Medical Society of Oklahoma, organized 1912; not incorporated. "This society is no longer in existence."—J. A. Brooks, M. D., former Secretary.

Pennsylvania

Allegheny County Homœopathic Medical Society, organized 1864; not incorporated. The annual meeting is held at the Homœopathic Hospital, Pittsburgh, on the third Wednesday in December. Meetings are held on the third Wednesday of every month, excepting July and August. President, F. S. Morris, M. D., Second National Bank Bldg., Pittsburgh, Pa. Secretary, Chas. A. Ley, M. D., First National Bank Bldg., Pittsburgh, Pa. Number of members, 97; admitted last year, 3; deceased during the year, 1. Annual dues, $3.00.

Beaver County Homœopathic Medical Society, organized 1883; not incorporated. Monthly meetings are held on the third Thursday, at the home of a member. President, H. R. Plummer, M. D., Beaver Falls, Pa. Secretary, William Raymer, M. D., Beaver Falls, Pa. Number of members, 14. Annual dues, $1.00.

Clinico-Pathological Society of Philadelphia, organized 1894; not incorporated. The annual meeting is held at the Hahnemann Medical College Bldg., Philadelphia, on the third Saturday in January. Monthly meetings are held at the same place. President, S. W. Sappington, M. D., 124 South 16th St., Philadelphia, Pa. Secretary, B. K. Fletcher, M. D., 319 South 16th St., Philadelphia, Pa. Number of members, 106; admitted last year, 7; deceased during the year, 1. Annual dues, $2.00. Publishes its Transactions and papers in current medical journals.

Homœopathic Medical Society of Chester, Delaware and Montgomery Counties, organized 1858; not incorporated. The annual meeting is held in West Chester, Pa., on the second Tuesday in October. Meetings are held alternate months, on the second Tuesday, in various places in the district. President, Edward A. Krusen, M. D., Norristown, Pa. Secretary, Isaac Crowther, M. D., 800 Madison St., Chester, Pa. Number of members, 80; admitted last year, 3; deceased during the year, 1. Annual dues, $1.00. Papers are printed in current journals.

Homœopathic Medical Society of Erie County, organized 1891; not incorporated. The annual meeting is held at the home of a member, on the first Wednesday in June. Monthly meetings are held at the members' homes. President, H. C. Galster, M. D., West 25th St., Erie, Pa. Secretary, J. A. Stackhouse, M. D., 326 Sassafras St., Erie, Pa. Number of members, 15; admitted last year, 1. Annual dues, $2.00.

Germantown Homœopathic Medical Society of Philadelphia, organized 1877; not incorporated. No report received for two years. Last report, Secretary, Landreth W. Thompson, M. D., 1701 Green St., Philadelphia, Pa.

Central Pennsylvania Homœopathic Medical Society, organized 1899; not incorporated. The annual meeting is held in Lancaster, Pa., on the third Thursday in October. Meetings are held on the third Thursday of April in Harrisburg, of June in York, and of August in Columbia. President, E. S. Snyder, M. D., 425 N. Queen St., Lancaster, Pa. Secretary, G. A. Sayers, M. D., 18 S. Duke St., Lancaster, Pa. Number of members, 30; admitted last year, 7; deceased during the year, 1. Annual dues, $1.00. Delegates, J. Ross Swartz, M. D.

Lackawanna Homœopathic Medical Society, organized 1900; not incorporated. The annual meeting is held as chosen by the society. Monthly meetings are held on the second Thursday of the month. President, A. P. Gardner, M. D., Dime Bank Bldg., Scranton, Pa. Secretary, F. G. Robinson, M. D., 110 Chestnut St., Dunmore, Pa. Number of members, 19; admitted last year, 1; deceased during the year, 1. Annual dues, $2.00.

Luzerne County Homœopathic Medical Society, organized 1899; not incorporated. Meetings are held at the hospital, 149 Dana St., Wilkes-Barre, Pa. President, F. D. Thomas, M. D., 777 Wyoming Ave., Dorranceton, Pa. Secretary, N. H. Jenkins, M. D., 460 Market St., Kingston, Pa. Number of members, 18; admitted last year, 1. Assessments.

Homœopathic Medical Society of the County of Philadelphia, organized 1866; incorporated 1905. The annual meeting is held at the Hahnemann College, Philadelphia, in June. Meetings are held on the second Thursday of the month, excepting July and August, at the college. President, Norman S. Betts, M. D., 1609 Girard Ave., Philadelphia, Pa. Secretary, J. M. Kenworthy, M. D., 1825 Chestnut St., Philadelphia, Pa. Number of members, 314. Annual dues, $2.00.

Homœopathic Medical Society of the Twenty-third Ward of Philadelphia, organized 1881; not incorporated. The annual meeting is held at the office of a member, in October. Meetings are held on the third Wednesday of the month, at members' offices, in rotation. President, Joseph Brooke, M. D., Glenside, Pa. Secretary, John D. Boileau, M. D., 804 W. Lehigh Ave., Philadelphia, Pa. Number of members, 24; admitted last year, 2; deceased during the year, 2. Annual dues, $2.00. Delegates, J. D. Boileau, M. D., and Amos Krewson, M. D.

Philadelphia Academy of Medicine, organized 1908; incorporated 1908. The annual meeting is held at a member's office, in October. Monthly meetings are held at a member's office. President, William H. Yeager, M. D., 3300 North 15th St., Philadelphia, Pa. Secretary, W. E. Kepler, M. D., 755 South 60th St., Philadelphia, Pa. Number of members, 121. Assessments.

Philadelphia Society for Clinical Research, organized 1905; not incorporated. The annual meeting is held at a member's home, on the fourth Monday in October. Monthly meetings are held at the members' homes. President, Walter Snyder, M. D., 5300 Spruce St., Philadelphia, Pa. Secretary, Edward G. Muhly, M. D., 1508 S. Broad St., Philadelphia, Pa. Number of members, 17 (limited to 19). Annual dues, $6.00.

Hahnemannian Medical Society of Reading, Pa., organized 1911; not incorporated. The annual meeting is held at the Homœopathic Hospital, Reading, on the first Thursday in September. Monthly meetings are held at the same place and at the Berkshire Hotel. President, George W. Krick, M. D., 827 North 5th St., Reading, Pa. Secretary, Edward K. Golding, M. D., 211 North 6th St., Reading, Pa. Number of members, 23; admitted last year, 1; removed, 1. Annual dues, fifty cents.

Schuylkill County Homœopathic Medical Society, organized 1883; not incorporated. Meetings are held in various towns in the county. President, H. H. Lewis, M. D., Ashland, Pa. Secretary, F. M. Quinn, M. D., Minersville, Pa. Number of members, 26; admitted last year, 1; deceased during the year, 1. Annual dues, $1.00.

South Philadelphia Medical Association, organized 1910; not incorporated. The annual meeting is held at the President's office, on the third Tuesday in November. Monthly meetings are held at the members' homes. President, Joseph V. F. Clay, M. D., 2102 Chestnut St., Philadelphia, Pa. Secretary, John J. McKenna, M. D., 2038 South 17th St., Philadelphia, Pa. Number of members, 18; admitted last year, 1 Assessment. Papers published in current medical journals.

West Branch Homœopathic Medical Society (Pennsylvania), organized 1907; not incorporated. The annual meeting is held in January. Monthly meetings are held at the members' homes or offices. President, Adelbert D. Dye, M. D., Williamsport, Pa. Secretary, William H. Follmer, M. D., Williamsport, Pa. Number of members, 10. Annual dues, $1.00.

Women's Homœopathic Medical Association of Pittsburgh, organized 1899; not incorporated. Meetings are held at the homes of members. President, Mary E. Coffin, M. D., California Ave., N. S., Pittsburgh, Pa. Secretary, Anna Johnston, M. D., 5016 Liberty Ave., Pittsburgh, Pa. Number of members, 12. Annual dues, no fixed amount.

HOMŒOPATHIC MEDICAL CLUBS

The Institute Fraternity of the American Institute of Homœopathy, organized 1905; not incorporated. The annual meeting is held on the evening of the third day of the annual session of the American Institute of Homœopathy. President, Mary C. Cornell, M. D., 4636 Vincennes Ave., Chicago, Ill. Secretary, Marie Louise Hunt, M. D., Hyde Park Hotel, Chicago, Ill. Number of members, 140; admitted last year, 14; deceased during the year, 2. Annual dues, $1.00.

Delaware

Homœopathic Medical Society of New Castle County, organized 1903; not incorporated. The annual meeting is held at the Board of Education Rooms, on the second Friday in December. Monthly meetings are held at the same place. President, F. F. Pierson, M. D., 1007 Jefferson St., Wilmington, Del. Secretary, Julian Adair, M. D., 712 Washington St., Wilmington, Del. Number of members, about 25; admitted last year, 3. Annual dues, $3.00.

District of Columbia

Chiron Club of Washington, organized 1909; not incorporated. Meetings are held on the second Tuesday of the month, at a member's home. A chairman is selected at each meeting. Secretary, H. C. King, M. D., 1422 K Street, N. W., Washington, D. C. Number of members, 9. No dues.

The Clinical Club of the District of Columbia, organized 1903; not incorporated. The annual meeting is held at the Hotel Continental, Washington, on the second Thursday in May. Monthly meetings are held from October to June at the members' homes. President, F. A. Swartwout, M. D., 12 Iowa Circle, Washington, D. C. Secretary, L. D. Wilson, M. D., 316 B Street, S. E., Washington, D. C. Number of members, 11. No dues. Papers published in journals, during the past year.

Washington Medical and Surgical Club, organized 1876; not incorporated. "Disbanded."—J. S. Stearns, M. D., former Secretary.

Illinois

The After Dinner Club of Chicago, Ill., organized 1904; incorporated April 13, 1915. The annual meeting is held in June. Meetings from September to June, on the third Thursday of the month. President, Mary F. McCrillis, M. D., 800 Davis St., Evanston, Ill. Secretary, Josephine Paine, M. D., 900 Marshall Field Bldg., Chicago, Ill. Number of members, 75; admitted last year, 4; deceased during the year, 1.

Maryland.

Homœopathic Medical and Surgical Club of Baltimore, organized 1900; not incorporated. The annual meeting is held in Baltimore, on the second Wednesday in December. Monthly meetings are held at the homes of the members. President, Philip B. Towler, M. D., 1432 William St., Baltimore, Md. Secretary, William M. Pannebaker, M. D., 1209 Madison Ave., Baltimore, Md. Number of members, 15. Annual dues, $3.00.

Massachusetts

Hughes Medical Club of Boston, organized 1878; not incorporated. The annual meeting is held on the third Friday in May, in Boston. Monthly meetings are held in Boston and vicinity. A chairman is selected at each meeting. Secretary, Edward B. Mellers, M. D., Brookline, Mass. Number of members, 15 active; 2 honorary. Annual dues, expenses. "Membership limited to fifteen active members."

Michigan

Verification Club of Washtenaw County, organized 1911; not incorporated. "The Verification Club is not active this year."—W. B. Hinsdale, M. D., Ann Arbor, Mich.

Missouri

Hahnemann Club of St. Louis, organized 1874; not incorporated. Monthly meetings are held at the members' homes. A chairman is selected at each meeting. Secretary, James A. Campbell, M. D., Mermod-Jaccard Bldg., St. Louis, Mo. Number of members, 10. No dues.

New Jersey

Atlantic City Homœopathic Medical Club, organized 1897; not incorporated. The annual meeting is held in Atlantic City, on the third Friday in January. Monthly meetings are held in Atlantic City. President, Allen Corson, M. D., Ocean City, N. J. Secretary, A. W. Baily, M. D., 1809 Pacific Ave., Atlantic City, N. J. Number of members, 26; admitted last year, 1. Annual dues, $3.00. Delegate, Allen Corson, M. D.

The Chiron Club, organized 1894; not incorporated. The annual meeting is held at the home of a member, on the second Wednesday in October. Monthly meetings are held at the members' homes, from October to June, inclusive. A chairman is selected at each meeting. Secretary, Caldwell Morrison, M. D., 379 Seventh Ave., Newark, N. J. Number of members, 16. Annual dues, $2.00 per month.

Machaon Club, organized 1893; not incorporated. The annual meeting is held at the Cartaret Club, Jersey City, N. J. Monthly meetings are held at the same place, on the first Wednesday of the month. President, Earl LeMont Avereling, M. D., Jersey City, N. J. Secretary, David L. Russell, M. D., 709 Bergen Ave., Jersey City, N. J. Number of members, 20. Annual dues, $1.00.

New Jersey Medical Club, organized 1869; not incorporated. No report received this year. Last year, Secretary, Arthur F. Thompson, M. D., 169 Main St., East Orange, N. J.

New York

Brooklyn Medical Club, organized 1896; incorporated 1896. The annual meeting is held at the Clarendon Hotel, Brooklyn, N. Y. Monthly meetings are held at the same place. A chairman is chosen at each meeting. Secretary, George F. Lazarus, M. D., 2105 Caton Ave., Brooklyn, N. Y. Number of members, 17. Annual dues, $20.00.

Inter Nos Club of Brooklyn, organized 1901; not incorporated. The annual meeting is usually held at the Clarendon Hotel, Brooklyn, on the first Friday in October. Monthly meetings are held, at the same place, excepting during June, July, August and September. Executive Member, Ralph I. Lloyd, M. D., 450 Ninth St., Brooklyn, N. Y. Secre-

tary, Justus G. Wright, M. D., 498 Ninth St., Brooklyn, N. Y. Number of members, 26 (limited to 30); admitted last year, 1. Annual dues, $10.00.

Clinical Club of Buffalo, N. Y., organized 1895; not incorporated. Meetings are held twice monthly, from November to May. President, C. N. Kendrick, M. D., 2362 Main St., Buffalo, N. Y. Secretary, Elmer H. Stumpf, M. D., 103 Northampton St., Buffalo, N. Y. Number of members, 30; admitted last year, 2; deceased during the year, 1. No dues.

The Chiron Club of New York, organized 1886; not incorporated. The annual meeting is held at the home of a member, on the third Tuesday in December. Monthly meetings are held at the members' offices. President, William W. Blackman, M. D., 519 Clinton Ave., Brooklyn, N. Y. Secretary, George W. McDowell, M. D., 40 East 41st St., New York, N. Y. Number of members, 18; admitted last year, 1. Dues, nominal.

Clinical Club of New York, organized 1877; not incorporated. No report received this year. Last year, Secretary, Philip C. Thomas, M. D., 44 West 77th St., New York, N. Y.

Helmuth Club of New York, organized 1902; not incorporated. The annual meeting is held in June, various places. Monthly meetings are held from October to June, on the second Tuesday of the month, at various places. President, Anson H. Bingham, M. D., 2345 Broadway, New York, N. Y. Secretary, John S. Maeder, M. D., 123 West 121st St., New York, N. Y. Number of members, 37; admitted last year, 1. Annual dues, $25.00.

Meissen Club of New York, organized 1890; not incorporated. The annual meeting is held at the Hotel McAlpin, on the third Friday in May. Monthly meetings are held at the same place. President, Reuel A. Benson, M. D., 8 West 49th St., New York, N. Y. Secretary, A. H. Bingham, M. D., Euclid Hall, 85th St. and Broadway, New York, N. Y. Number of members, 24. Assessments.

New York Medical Club, organized 1865; not incorporated. No report received for two years. Last report, Secretary, W. M. VanZandt, M. D., 165 West 91st St., New York, N. Y.

Unanimous Club of New York, organized 1893; not incorporated. The annual meeting is held on the last Wednesday of April, in New York, N. Y. Other meetings are held on the last Wednesday of October, second Wednesday in December and February, in New York. A chairman is chosen at each meeting. Secretary, John B. Garrison, M. D., 616 Madison Ave., New York, N. Y. Number of members, 18 active; (limited to 20 active) 39 associate; admitted last year, 12 associate; deceased during the year, 1 active, 1 associate. Annual dues, $20.00.

Rochester Clinical Club, organized 1905; not incorporated. The annual meeting is held on the third Wednesday in January. Monthly meetings are held from September to April, inclusive. President, W. E. Dalse, M. D., 174 East Ave., Rochester, N. Y. Secretary, Frank Barber, M. D., 31 S. Union St., Rochester, N. Y. Number of members, 14. Annual dues, $1.00 per meeting.

Utica Homœopathic Medical Club, organized 1905; not incorporated. The annual meeting is held at a member's residence, on the first Thursday in October. Monthly meetings are held, excepting June, July and August, in like manner. President, Charles E. Alliaume, Clarendon Bldg., Utica, N. Y. Secretary, Earle A. Gayde, M. D., 823 Albany St., Utica, N. Y. Number of members, 20; admitted last year, 1; deceased during the year, 1. Annual dues, $1.00.

Yonkers Clinical Club, organized 1903; not incorporated. Monthly meetings are held at the members' homes. President, George P. Holden, M. D., 122 McLean Ave., Yonkers, N. Y. Secretary, James P. Trotter,

M. D., 189 Warburton Ave., Yonkers, N. Y. Number of members, 24. Assessment.

Ohio

Toledo Homœopathic Club, organized 1902; not incorporated. Monthly meetings are held at the Commerce Club. President, W. F. Maxwell, M. D., 1547 Nicholas Bldg., Toledo, O. Secretary, W. L. Rhonehouse, M. D., 613 Ohio Bld., Toledo, O. Number of members, 46; admitted last year, 2. Annual dues, $1.00. "Club not very active this year."—W. L. R.

Pennsylvania

Organon Medical Club of Chester, Pa., organized 1887; not incorporated. No report received this year. Last year, Secretary, Daniel P. Maddux, M. D., 801 Madison St., Chester, Pa.

Carl V. Fischer Medical and Surgical Association, organized 1903; not incorporated. No report received this year. Last year, Secretary, Ernest B. Smith, M. D., 1425 N. Broad St., Philadelphia, Pa.

Hahnemann Club of Philadelphia, organized 1872; not incorporated. No report received for two years. Last report, Secretary, Thomas S. Dunning, M. D., 1328 North 15th St., Philadelphia, Pa.

Oxford Medical Club of Philadelphia, organized 1885; not incorporated. The annual meeting is held in Philadelphia, on the first Friday in November. Monthly meetings are held at the residences of the members. President, R. W. Larer, M. D., 1407 E. Columbia Ave., Philadelphia, Pa. Secretary, Edward M. Gramm, M. D., 518 Perry Bldg., Philadelphia, Pa. Number of members, 17; admitted last year, 3; deceased during the year, 1; resigned, 3. Assessments. Papers published in various medical journals.

Philadelphia Medical Club, organized 1883; not incorporated. "This club has been inactive for years; no changes in officers and membership and no meetings."—Edwin H. VanDeusen, M. D., Vineland, N. J., Secretary.

Wm. B. VanLennep Clinical Club, organized 1896; not incorporated. No report received this year. Last year, Secretary, John E. James, Jr., M. D., 118 South 19th St., Philadelphia, Pa.

Woman's Homœopathic Medical Club of Philadelphia, Pa., organized 1883; not incorporated. The annual meeting is held at the home of the President, on the first Tuesday in November. Meetings are held on the first Tuesday of January, March and May. President, Mary Branson, M. D., 1504 Locust St., Philadelphia, Pa. Secretary, Ida V. Reel, M. D., 4027 Spring Garden St., Philadelphia, Pa. Number of members 20. Annual dues, $1.00.

Rhode Island

Homœopathic Clinical Club, organized 1908; not incorporated. Monthly meetings are held at the dispensary of the Homœopathic Hospital, Providence. President, Ralph Hayman, M. D., 672 Broad St., Providence, R. I. Secretary, William M. Muncy, M. D., 23 Waterman St., Providence, R. I. Number of members, 10; admitted last year, 1. No dues. "This club is connected with the out-patient department of the Hospital."—W. M. M.

ALUMNI ASSOCIATIONS OF HOMŒOPATHIC COLLEGES AND INSTITUTIONS

Alumni Association of Boston University School of Medicine, organized 1874; incorporated 1902. The annual meeting is held at Young's Hotel, Boston, on the Tuesday in June before Commencement Day. Other meetings are held at the call of the President. President, Hollis G. Batchelder, M. D., 30 Court St., Dedham, Mass. Secretary, H. L. Babcock, M. D., 535 Beacon St., Boston, Mass. Number of members, 315; admitted last year, 24; deceased during the year, 7. Annual dues, $1.00.

Alumni Association of the Homœopathic School, University of Michigan, organized 1876; incorporated 1878. The annual meeting is held at the University. President, John M. Lee, M. D., Rochester, N. Y. Secretary, Mabel Dixey, M. D., 818 Garrison St., Fremont, O. Number of members, 475; admitted last year, 26. Publishes a Quarterly.

Alpha Sigma Alumni Association of New York State, organized 1903; incorporated 1903. The annual meeting is held at the Alpha Chapter House, 419 East 57th St., New York, N. Y. Monthly meetings are held on the first Saturday of the month, at a member's home. President, Louis R. Kaufman, M. D., 156 East 80th St., New York, N. Y. Secretary, E. Leslie Burwell, M. D., 180 North Ave., New Rochelle, N. Y. Number of members, 165; admitted last year, 10; deceased during the year, 3. Annual dues, $2.00. Publishes the Alpha Sigma Year Book. Delegates, H. B. Safford, M. D., and Joseph H. Fobes, M. D.

Alumni Association of the New York Homœopathic Medical College and Hospital, organized 1883; incorporated 1899. No report received this year. Last year, Secretary, John S. Maeder, M. D., 123 West 121st St., New York, N. Y.

Alumni Association of the New York Homœopathic Medical College and Hospital for Women, organized 1875; not incorporated. No report received this year. Last year, Secretary, Lillian M. Burlingame, M. D., 79 Hancock St., Brooklyn, N. Y.

Alumni Association of Hahnemann Medical College and Hospital of Philadelphia, organized 1885; not incorporated. The annual meeting is held at the college building, during Commencement Week. President, Harrison W. Howell, M. D., Wilmington, Del. Secretary, B. K. Fletcher, M. D., 319 South 16th St., Philadelphia, Pa. Number of members, 1608; admitted last year, 23; deceased during the year, 15. No dues.

MISCELLANEOUS HOMŒOPATHIC ASSOCIATIONS

The Meissen, organized 1893; not incorporated. The annual meeting is held at the time and place of the meeting of the American Institute of Homœopathy. Local branches regulate their own meetings. President, Mrs. A. H. Gordon, 858 N. LaSalle St., Chicago, Ill. Secretary, Mrs. Thomas E. Costain, 4459 Berkeley Ave., Chicago, Ill. Number of members, 302; admitted last year, 33. Annual dues, $1.00.

New England Hahnemann Association, organized 1895; incorporated 1895. The annual meeting is held in Boston, on the second Monday in January. President, Edmund A. Whitman, Esq., Pemberton Bldg., Boston, Mass. Secretary, Wesley T. Lee, M. D., 220 Clarendon St., Boston, Mass. Number of members, 175. Annual dues, $2.00.

GENERAL HOMŒOPATHIC HOSPITALS

California

Hahnemann Hospital, 3698 California St., San Francisco, Cal. Incorporated 1905; opened to patients 1906. President, Mr. Marshall Hale, Hale Bros., 5th and Market Sts., San Francisco, Cal. Number of beds, 100; patients treated last year, 1,150. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $186,341. Supported by pay of patients and endowment fund. Delegate, James W. Ward, M. D.

Colorado

Park Avenue Hospital, Park Ave. and Humboldt St., Denver, Col. Incorporated, 1898; opened to patients, 1898. Executive Officer, James B. Brown, M. D., 510 Wyoming Bldg., Denver, Col. Number of beds, 30; patients treated last year, 487. Treats all cases except the insane. Estimated value, $25,000. Supported by pay of patients.

Connecticut

Grace Hospital, New Haven, Conn. Incorporated 1889; opened to patients, 1892. Secretary, Emory J. Walker, M. D., 1136 Chapel St., New Haven, Conn. Number of beds, 100; patients treated last year, 3,315. Treats all cases except the insane. Estimated value, $150,000. Supported by pay of patients, state appropriation, investments and donations.

Delaware

Homœopathic Hospital of Delaware, 1501 Van Buren St., Wilmington, Del. Incorporated, 1888; opened to patients, 1889. Secretary, Mrs. Charles B. Holladay, 1309 Delaware Ave., Wilmington, Del. Number of beds, 75; patients treated last year, 765. Treats all cases except the insane. Estimated value, $150,000. Supported by pay of patients, endowment and subscriptions.

District of Columbia

National Homœopathic Hospital of the District of Columbia, Second and N Streets, N. W., Washington, D. C. Incorporated, 1881; opened to patients, 1881. No report received this year. Last year, Secretary, Miss Agnes Miller, Woodlawn, Cleveland Park, D. C.

Illinois

Hahnemann Hospital of the City of Chicago, 2810-14 Ellis Ave., Chicago, Ill. Opened to patients, 1870; incorporated, 1893. Acting Superintendent, Miss Jessie Horn, R. N. Number of beds, 146. Patients treated last year, 2,235. Treats all cases except alcoholic, insane and pulmonary tuberculosis. Supported by pay of patients and endowment. Estimated value, $235,000. Delegate, Joseph P. Cobb, M. D.

Iowa

University Homœopathic Hospital, Iowa City, Ia. Not incorporated; opened to patients, 1876. No report received this year. Last year, Executive Officer, T. L. Hazard, M. D., Phoenix Block, Iowa City, Ia.

Maryland

The Hahnemann General Hospital, Mount St., between Laurens and Riggs Ave., Baltimore, Md. Incorporated, 1894; opened to patients, 1890. Secretary, William M. Keener, 3219 Vickers Road, Baltimore, Md. Number of beds, 60; patients treated last year, 769. Treats all cases excepting alcoholic, nervous and insane cases. Estimated value, $61,500. Supported by pay of patients, state and city appropriation and donations. "Newly equipped hospital building to be opened February 1st, 1916."

Massachusetts

Massachusetts Homœopathic Hospital, 82 E. Concord St., Boston, Mass. Incorporated 1855; opened to patients 1874. Executive Officer, Henry M. Pollock, M. D. Number of beds, 475; patients treated last year, 8,017. Treats all cases except alcoholic, nervous, insane and contagious cases. Estimated value, $1,000,000. Supported by pay of patients and endowment. Edwin R. Lewis, M. D., Acting Superintendent.

Newburyport Homœopathic Hospital, Newburyport, Mass. Incorporated 1893; opened to patients 1906. Secretary, C. F. Johnson, M. D., Washington St., Newburyport, Mass. Number of beds, 30; patients treated last year, 250. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $23,645. Supported by pay of patients, investments and contributions.

Wessen Memorial Hospital, Springfield, Mass. Incorporated 1900; opened to patients 1900. No report received this year. Last year, Secretary, George B. Joslyn, 66 Garfield St., Springfield, Mass.

Worcester Hahnemann Hospital, 281 Lincoln St., Worcester, Mass. Incorporated 1896; opened to patients 1896. Treasurer, George A. Slocomb, M. D., 769 Main St., Worcester, Mass. Number of beds, 25; patients treated last year, 326. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $75,000. Supported by pay of patients and donations.

Michigan

University Homœopathic Hospital, Ann Arbor, Mich. Not incorporated; opened to patients 1875. Superintendent, Russell E. Atchison, M. D. Number of beds, 100; patients treated last year, 4,534. Treats all cases except the insane. Estimated value, $300,000. Supported by state appropriation ($40,000 annually).

Missouri

Southwest School of Medicine and Hospital, Kansas City, Mo. Secretary, Charles A. Young, Kansas City, Mo. (Information from College announcement.)

New Jersey

West Jersey Homœopathic Hospital, Camden, N. J. Incorporated 1891; opened to patients 1891. Secretary, C. F. Hadley, M. D. Superintendent, Ralston S. Hirst, M. D. Number of beds, 124; patients treated last year, 1,626. Treats all cases except the insane. Estimated value, $250,000. Supported by pay of patients, city and county appropriation and private contributions.

Homœopathic Hospital of Essex County, 133 Littleton Ave., Newark, N. J. Incorporated 1903; opened to patients, 1903. No report received this year. Last year, Chief of Staff, Charles A. Groves, M. D., 303 Main St., East Orange, N. J.

St. Mary's Hospital, Pennington Ave., Passaic, N. J. Incorporated 1895; opened to patients 1895. Superintendent, Sister Rose Vincent. Number of beds, 75. Supported by pay of patients, donations and city and county appropriations.

The William McKinley Memorial Hospital, Brunswick Ave., Trenton, N. J. Incorporated 1899; opened to patients 1899. No report received for two years. Last report, Executive Officer, Mr. Walter F. Smith. Superintendent, W. B. Kents.

New York

The Homœopathic Hospital of Albany, 161 N. Pearl St., Albany, N. Y. Incorporated 1875; opened to patients 1875. Secretary, James W. Cox, M. D. Superintendent, Julia A. Littlefield, R. N. Number of beds, 100; patients treated last year, 2,166. Treats all cases except contagious and insane cases. Estimated value, $266,962. Supported by pay of patients and donations.

Cumberland Street Hospital, 109 Cumberland St., Brooklyn, N. Y. Incorporated 1902; opened to patients 1902. Acting Superintendent, Ella A. Laurence, R. N. Number of beds, 183; patients treated last year, 3,126. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $115,400. Supported by the Department of Public Charities of the City of New York.

Buffalo Homœopathic Hospital, Lafayette and Linwood Aves., Buffalo, N. Y. Incorporated 1871; opened to patients 1872. Secretary, Mr. Frank Fuller, Brisbane Bldg., Buffalo, N. Y. Number of beds, 154; patients treated last year, 2,596. Treats all cases except alcoholic and insane cases. Estimated value, $370,012.50. Supported by pay of patients, donations and investments.

City Hospital, East Avenue, Lockport, N. Y. Not incorporated; opened to patients 1908. Executive Officer, Miss Nettie McMillan. Number of beds, 35; patients treated last year, 552. Treats all cases except alcoholic and insane cases. Supported by pay of patients and city appropriation. Estimated value, $22,000.

Flower Hospital, 63rd St. and Avenue A, New York, N. Y. Incorporated 1860; opened to patients 1890. Superintendent, N. W. Thompson, M. D. Number of beds, 200; patients treated last year, 4,749. Treats all cases except alcoholic and insane cases. Supported by pay of patients, endowment, contributions and city appropriation. Estimated value, $1,068,722.

Hahnemann Hospital, Park Ave. and 67th St., New York, N. Y. Incorporated 1869; opened to patients 1869. Superintendent, W. E. Woodbury, M. D. Number of beds, 135; patients treated last year, 1,776. Estimated value, $100,000. Treats general cases only. Supported by pay of patients, endowment and donations.

Laura Franklin Free Hospital for Children, 17-19 East 111th St., New York, N. Y. Incorporated 1888. Chairman Executive Committee, John B. Garrison, M. D., 616 Madison Ave., New York, N. Y. Number of patients treated last year, 1,212. This is a general and surgical hospital for children from two to twelve years of age; no contagious diseases. Source of income, private.

Metropolitan Hospital, Blackwell's Island, New York, N. Y. Not incorporated; opened to patients 1894. Superintendent, Walter H. Conley, M. D. Number of beds, 1,897; patients treated last year, 13,703. Treats all cases except the insane. Estimated value, $4,000,000. Supported by the City of New York.

New York Medical College and Hospital for Women, 17-19 West 101st St., New York, N. Y. Incorporated 1863; opened to patients 1864. Secretary, Howard Van Note. Superintendent, Charles H. Hornby, M. D. Number of beds, 55; patients treated last year, 1,247. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $175,000. Supported by pay of patients, contributions and bequests.

Hahnemann Hospital of Rochester, Rochester, N. Y. Incorporated 1889; opened to patients 1889. Secretary, Mr. W. H. H. Rogers. Superintendent, Mrs. Mary B. Curtice. Number of beds, 150. Treats all cases except insane and contagious cases. Supported by pay of patients and contributions.

Rochester Homœopathic Hospital, 224 Alexander St., Rochester, N. Y. Incorporated 1887; opened to patients 1889. Superintendent, Miss Maude L. Johnston. Number of beds, 131; patients treated last year, 2,836. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients, endowment and donations.

Syracuse Homœopathic Hospital, 116 E. Castle St., Syracuse, N. Y. Incorporated 1895; opened to patients 1896. President, Mr. John Nash, Onondaga Co. Savings Bank Bldg., Syracuse, N. Y. Number of beds, 52; patients treated last year, 853. Treats all cases except alcoholic and insane cases. Estimated value, $128,000. Supported by pay of patients and donations.

Utica Homœopathic Hospital, 684 Genesee St., Utica, N. Y. Incorporated 1896; opened to patients 1896. Executive Officer, A. R. Grant, M. D., 321 Genesee St., Utica, N. Y. Number of beds, 15; patients treated last year, 345. Treats all cases except nervous and insane cases. Supported by pay of patients and endowment. "New $150,000 Homœopathic hospital under way, and to be occupied May 1, 1916."

Yonkers Homœopathic Hospital and Maternity, Corner Park and Ashburton Aves., Yonkers, N. Y. Incorporated 1896; opened to patients 1896. Secretary, Mrs. Charles C. Pierce, 657 Palisade Ave., Yonkers, N. Y. Number of beds, 70; patients treated last year, 1,735. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $193,883. Supported by pay of patients, donations, endowment and city appropriation.

Ohio

Grace Hospital, 2307 West 14th St., Cleveland, O. Incorporated 1910; opened to patients 1911. No report received for two years. Last report, Secretary, John J. Henderson, M. D.

Pennsylvania

J. Lewis Crozer Home for Incurables and Homœopathic Hospital, Chester, Pa. Incorporated 1897; opened to patients 1900. Superintendent, S. Katharine Ubil. Number of beds, 75. Treats general and surgical cases only. Estimated value, $300,000. Supported by endowment by Mr. J. L. Crozer—balance needed paid yearly by Mrs. J. L. Crozer.

Children's Homœopathic Hospital, Franklin and Thompson Sts., Philadelphia, Pa. Incorporated 1877; opened to patients 1877. No report received this year. Last year, Executive Officer, Mr. Howard P. Boyle.

Hahnemann Medical College and Hospital, 15th Ave., above Race St., Philadelphia, Pa. Incorporated 1885; opened to patients 1867. No report received this year. Last year, Secretary, Wm. G. Foulke, M. D., Franklin Bldg., Philadelphia, Pa.

Hospital of the Women's Homœopathic Association of Pennsylvania, 20th St. and Susquehanna Ave., Philadelphia, Pa. Incorporated 1882; opened to patients 1883. Secretary, Mrs. Fanny L. Skinner, Philadelphia Bank Bldg., Philadelphia, Pa. Number of beds, 135; patients treated last year, 1,988. Treats all cases except alcoholic and insane cases. Estimated value, $300,000. Supported by pay of patients, donations, entertainments and state appropriation.

St. Luke's Homœopathic Hospital, 4414 N. Broad St., Philadelphia, Pa. Incorporated 1896; opened to patients 1896. No report received this year. Last year, Executive Officer, William H. Keim, M. D., 1716 North 18th St., Philadelphia, Pa.

West Philadelphia General Homœopathic Hospital, 54th St. and Girard Ave., Philadelphia, Pa. Incorporated 1904; opened to patients 1905. Executive Officer, William D. Culin, M. D., 820 North 41st St., Philadelphia, Pa. Number of beds, 40; patients treated last year, 843. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients, donations and state appropriation.

Woman's Southern Homœopathic Hospital of Philadelphia, 733 S. Broad St., Philadelphia, Pa. Incorporated 1896; opened to patients 1896. Superintendent, Lydia W. Stokes, M. D. Number of beds, 54; patients treated last year, 817. Treats all cases except alcoholic and insane cases. Estimated value, $150,000. Supported by pay of patients, contributions and state appropriation.

Homœopathic Medical and Surgical Hospital of Pittsburgh, 5230 Center Ave., Pittsburgh, Pa. Incorporated 1866; opened to patients 1910. No report received this year. Last year, Secretary, Mr. George L. McCoy, 5514 Baum Blvd., Pittsburgh, Pa.

Homœopathic Medical and Surgical Hospital, 135 North 6th St., Reading, Pa. Incorporated 1890; opened to patients 1891. Secretary, Mr. W. W. Light, 207 North 6th St., Reading Pa. Number of beds, 80; patients treated last year, 14,740. Treats all cases except nervous and insane cases. Estimated value, $105,000. Supported by pay of patients, contributions and state appropriation.

Hahnemann Hospital and Training School for Nurses, 316 Colfax Ave., Scranton, Pa. Incorporated 1897; opened to patients 1897. Vice-President, Mrs. Hannah S. Welles. Number of beds, 85; patients treated last year, 1,204. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients, contributions and chiefly "Tag Day," and state appropriation. Estimated value, $175,000.

Rhode Island

Homœopathic Hospital of Rhode Island, 62-64 Jackson St., Providence, R. I. Incorporated 1904; opened to patients 1904. Superintendent, Miss C. P. Van der Water, R. N. Number of beds, 30; patients treated last year, 657. Treats all cases except alcoholic and insane cases. Estimated value, $50,000. Supported by pay of patients, endowments and free bed funds.

GENERAL HOSPITALS IN WHICH BOTH SCHOOLS OF PRACTICE ARE EMPLOYED

California

Santa Rosa Hospital, 431 B Street, Santa Rosa, Cal. Incorporated 1913; opened to patients 1913. Executive Officer, Jackson Temple, M. D., Doyle Bldg., Santa Rosa, Cal. Number of beds, 30; patients treated last year, 300. Treats all cases except alcoholic and insane cases. Estimated value, $20,000. Supported by pay of patients only.

Colorado

City and County Hospital, West 6th Ave. and Cherokee St., Denver, Col. Incorporated 1887; opened to patients 1886. Superintendent, W. H. Sharpley, M. D. Number of beds, 500. Treats all cases except the insane. Supported by the city.

Illinois

Evanston Hospital Association, 2650 Ridge Ave., Evanston, Ill. Incorporated 1891; opened to patients 1893. Superintendent, Miss Alice K. Ruggles, R. N. Number of beds, 135; patients treated last year, 2,618. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $1,000,000. Supported by pay of patients, endowment and donations.

Rockford City Hospital, Rockford, Ill. Incorporated 1892; opened to patients 1892. No report received this year. Last year, Executive Officer, E. Lathrop, M. D.

Iowa

The Jennie Edmundson Memorial Hospital, corner Oak and Pine Sts., Council Bluffs, Ia. Incorporated 1894; opened to patients 1887. Managed by the Woman's Christian Association. President, Emma G. Lucas. Number of beds, 60; patients treated last year, 1,169. Treats all cases except the insane. Estimated value, $125,000. Supported by pay of patients, donations, entertainments, etc. "We are completing a Nurses' Home, cost of $30,000. This will give us several rooms, now used by them in the hospital, for the care of patients."

Samaritan Hospital and Training School for Nurses, corner 17th and Pierce Sts., Sioux City, Ia. Incorporated 1882; opened to patients 1884. No report received for two years. Last report, Superintendent, Miss Nellie M. Porter.

Maine

Bath City Hospital, 23 Winship St., Bath, Me. Incorporated 1907; opened to patients 1909. Executive Officer, Mr. Charles W. Clifford, Front St., Bath, Me. Number of beds, 26; patients treated last year, 295. Treats all cases except alcoholic and insane cases. Estimated value, $35,000. Supported by pay of patients, endowment, contributions and state appropriation.

Massachusetts

Emerson Hospital, 118 Forest Hills St., Jamaica Plain, Boston, Mass. Incorporated 1909; opened to patients 1904. Executive Officer, Nathaniel W. Emerson, M. D. Number of beds, 45. Estimated value, $50,000. Supported by pay of patients.

Brockton Hospital, 680 Centre St., Brockton, Mass. Incorporated 1890; opened to patients 1896. Executive Officer, Loring B. Packard, M. D. Number of beds, 48; patients treated last year, 1,162. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $76,500. Supported by pay of patients, endowment, donations and city appropriation.

Framingham Hospital, Evergreen St., Framingham, Mass. Incorporated 1890; opened to patients 1893. President, Mr. John M. Merriam. Number of beds, 80; patients treated last year, about 1,100. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $75,000. Supported by pay of patients, nurses' earnings, income from investments and donations.

Lowell General Hospital, Varnum Ave., Lowell, Mass. Incorporated 1891; opened to patients 1893. Superintendent, Harriet E. Holden. Number of beds, 70; patients treated last year, 1,332. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $112,500. Supported by pay of patients and interest on funds.

Malden Hospital, Malden, Mass. Incorporated 1890; opened to patients 1891. Clerk, Mr. Harry H. Barrett. Number of beds, 80; patients treated last year, 1,142. Treats general, surgical and maternity cases. Estimated value, $120,000. Supported by pay of patients and income from investments.

Leonard Morse Hospital, Union St., Natick, Mass. Not incorporated; opened to patients 1890. No report received for three years. Last report, Secretary, Charles Cook, M. D.

Newton Hospital, Newton Lower Falls, Mass. Incorporated 1881; opened to patients 1886. Secretary, Mr. Alonzo R. Weed, 149 Park St., Newton, Mass. Number of beds, 160; patients treated last year, 2,052. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $270,000. Supported by pay of patients, donations and interest on funds.

Somerville Hospital, Somerville, Mass. Incorporated 1891; opened to patients 1893. No report received this year. Last year, Executive Officer, Frank L. Newton, M. D., 34 Highland Ave., Somerville, Mass.

Morton Hospital, 88 Washington St., Taunton, Mass. Incorporated 1888; opened to patients 1889. Secretary, Martha Perry, M. D., 68 Broadway, Taunton, Mass. Number of beds, 75; patients treated last year, 730. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $100,000. Supported by pay of patients and contributions.

Michigan

Mercy Hospital, 269 Jefferson St., Muskegon, Mich. Incorporated 1903; opened to patients 1903. Executive Officer, Sister Mary F. Brechting, 269 Jefferson St., Muskegon, Mich. Number of beds, 50; patients treated last year, 869. Treats all cases except the insane. Estimated value, $50,000. Supported by pay of patients.

Minnesota

City and County Hospital, St. Paul, Minn. Not incorporated; opened to patients 1872. Superintendent, Arthur B. Ancher, M. D. Number of beds, 700; patients treated last year, 6,701. Treats all cases except small-pox. Estimated value, $1,250,000. Supported by the city.

St. Luke's Hospital, St. Paul, Minn. Incorporated 1873; opened to patients 1851. Secretary, Alexander Colvin, M. D., Lowry Bldg., St. Paul, Minn. Number of beds, 135; patients treated last year, 2,118. Treats all cases except contagious cases. Estimated value, $393,737. Supported by pay of patients and contributions.

New Jersey

Ann May Memorial Hospital, Spring Lake, N. J. Incorporated 1904; opened to patients 1904. Executive Officer, Joseph Ackerman, M. D., 433

Cookman Ave., Asbury Park, N. J. Number of beds, 55; patients treated last year, 549. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $60,000. Supported by pay of patients and contributions.

New York

Erie County Hospital, Main St., City Line, Buffalo, N. Y. Not incorporated; opened to patients 1874. Superintendent, J. D. Howland, M. D. Number of beds, 450; patients treated last year, 2,500. Treats all cases except the insane. Estimated value, $500,000. Supported by appropriations.

Geneva City Hospital, Geneva, N. Y. Incorporated 1898; opened to patients 1898. Secretary, Charles W. Mellin. Number of beds, 65; patients treated last year, 887. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients, endowed beds, and subscriptions.

Ohio

The Huron Road Hospital, Cleveland, O. Incorporated 1874; opened to patients 1874. Secretary, William T. Miller, M. D., 1836 Euclid Ave., Cleveland, O. Number of beds, 100; patients treated last year, 4,500. Treats all cases except the insane. Estimated value, $225,000. Supported by pay of patients and donations and endowments.

The Elyria Memorial Hospital, East River St., Elyria, O. Incorporated 1907; opened to patients 1908. Executive Officer, E. F. Allen, M. D. Number of beds, 100; patients treated last year, 1,261. Treats all cases except the insane. Estimated value, $200,000. Supported by pay of patients, endowment and city and county appropriation.

Miami Valley Hospital, Dayton, O. Incorporated 1890; opened to patients 1891. Superintendent, E. R. Crew, M. D. Number of beds, 234; patients treated last year, 3,818. This is a general hospital only. Estimated value, $450,000. Supported by pay of patients, contributions and city appropriation. "Homœopathic staff treats about one-fifth of all patients."

Springfield City Hospital, Springfield, O. Incorporated 1886; opened to patients 1886. Superintendent, Miss L. J. Napier. Number of beds, 125. Treats all cases except alcoholic, nervous and insane cases. Estimated value, $95,000. Supported by pay of patients and city appropriation.

Bethesda Hospital, Eaton and Underwood Sts., Zanesville, O. Incorporated 1888; opened to patients 1891. Superintendent, Elizabeth C. Giffen, R. N. Number of beds, 34; patients treated last year, 463. Treats all cases except nervous and insane cases. Estimated value, $25,000. Supported by pay of patients, contributions and city appropriation.

Pennsylvania

Beaver Valley General Hospital, New Brighton, Pa. Incorporated 1899; opened to patients 1899. Secretary, Miss Ernestine A. Ott. Number of beds, 65; patients treated last year, 870. Treats all cases except the insane. Estimated value, $53,461. Supported by pay of patients, donations and state appropriation.

Tennessee

Knoxville General Hospital, Knoxville, Tenn. Incorporated 1899; opened to patients 1902. Hospital Commissioner, Hon. J. G. Crumbliss. Superintendent, Laura M. Pierson, R. N. Number of beds, 100; patients treated last year, 1,829. Treats all cases except the insane. Estimated value, $90,000. Supported by pay of patients, endowment and city appropriation.

Vermont

Brattleboro Memorial Hospital, Brattleboro, Vt. Incorporated 1904; opened to patients 1904. Secretary, Mr. C. L. Stickney. Number of beds, 25; patients treated last year, 500. Treats all cases except maternity, alcoholic and insane cases. Estimated value, $100,000. Supported by pay of patients and endowment.

SPECIAL AND PRIVATE HOMŒOPATHIC HOSPITALS

California

Southern California State Hospital, Patton, Cal. Incorporated 1893; opened to patients 1893. Superintendent, John A. Reily, M. D. Number of beds, 2,400; patients treated last year, 2,900. A hospital for the insane. Estimated value, $2,000,000. Supported by the state.

Connecticut

Norwich State Hospital for the Insane, Preston, Conn. Incorporated 1903; opened to patients 1903. Superintendent, Henry M. Pollock, M. D. Number of beds, 1,230; patients treated last year, 1,566. A hospital for the insane. Estimated value, $1,500,000. Supported by pay of patients and state appropriation.

Illinois

The Kelso Sanatorium and Hospital, Bloomington, Ill. Not incorporated; opened to patients 1894. Executive officer, George B. Kelso, M. D. Number of beds, 25; patients treated last year, 276. Treats all cases except alcoholic and insane cases. Estimated value, $50,000. Supported by pay of patients. "A $40,000 addition is now under construction."

Streeter Hospital, 2646 Calumet Ave., Chicago, Ill. Incorporated 1888; opened to patients 1888. Superintendent, Mildred R. Winans, 2646 Calumet Ave., Chicago, Ill. Number of beds, 30; patients treated last year, 534. Treats general, surgical and maternity cases. Supported by pay of patients.

Indiana

The Runnels Hospital, 522 N. Illinois St., Indianapolis, Ind. Incorporated 1890; opened to patients 1890. Executive Officer, O. S. Runnels, M. D. Number of beds, 20; patients treated last year, 225. Treats surgical, maternity, nervous and insane cases. Estimated value, $50,000. Supported by pay of patients.

Epworth Hospital and Training School, South Bend, Ind., Incorporated 1894; opened to patients 1894. Executive Officer, Dr. Lippincot. Number of beds, 70; patients treated last year, 1,658. Treats all cases except nervous and insane cases. Supported by pay of patients and donations. Estimated value, $125,000.

Kentucky

Western State Hospital, Hopkinsville, Ky. Incorporated 1854; opened to patients 1854. No report received this year. Last year, Superintendent, H. P. Sights, M. D.

Eastern State Hospital, Lexington, Ky. Incorporated 1817; opened to patients 1824. Superintendent, Joseph A. Goodson, M. D. Number of beds, 1,380; patients treated last year, 1,766. Treats general, surgical, alcoholic, nervous and insane cases. Estimated value, $850,000. Supported by pay of patients, contributions and state appropriation.

Maine

Trull Hospital, Biddeford, Me. Incorporated 1901; opened to patients 1900. Executive Officer, J. Frank Trull, M. D. No report received this year.

Massachusetts

Cullis' Consumptives' Home, 560 Blue Hill Ave., Boston, Mass. Incorporated 1871; opened to patients 1864. No report received this year. Last year, Executive Officer, E. D. Mallory, M. D.

Talitha Cumi Maternity Home, 215 Forest Hills St., Jamaica Plain, Boston, Mass. Incorporated 1846; opened to patients 1846. Superintendent, Helen B. Todd, M. D. Secretary, Julia M. Plummer, M. D. Number of beds, 36; patients treated last year, 119. A maternity hospital. Supported by endowment, small fee from patients and contributions. Estimated value, $88,125. "The hospital is a part of the Home, cases received depending on the number that can be cared for."

Westboro State Hospital, Westboro, Mass. Incorporated 1883; opened to patients 1886. Superintendent, Harry C. Spalding, M. D., Box 288, Westboro, Mass. Number of beds, 1,260; patients treated last year, 1,885. Treats alcoholic, nervous and insane cases. Estimated value, $150,315. Supported by pay of patients and state appropriation.

Minnesota

Fergus Falls State Hospital, Fergus Falls, Minn. Incorporated 1887; opened to patients 1890. Executive Officer, G. O. Welch, M. D. Number of beds, 1,700; patients treated last year, 2,028. A hospital for the insane. Estimated value, $1,362,000. Supported by state appropriation.

Maternity Hospital, 2201 Western Ave., Minneapolis, Minn. Incorporated 1887; opened to patents 1886. No report received for three years. Last report, Superintendent, Margaret H. Beeler.

Cobb Hospital, St. Paul, Minn. Incorporated 1905; opened to patients 1902. Executive Officer, Sheridan G. Cobb, M. D., 366 Prior Ave., St. Paul, Minn. Number of beds, 25; patients treated last year, 386. Treats general, surgical and maternity cases. Estimated value, $30,000. Supported by pay of patients.

New York

Brooklyn Nursery and Infants' Hospital, 396 Herkimer St., Brooklyn, N. Y. Incorporated 1871; opened to patients 1890. No report received for two years. Last report, Chief of Staff, E. Rodney Fiske, M. D., 1172 Dean St., Brooklyn, N. Y.

Gowanda State Homœopathic Hospital, Collins, N. Y. Incorporated 1894; opened to patients 1894. Superintendent, C. A. Potter, M. D. Number of beds, 1,240; patients treated last year, 1,429. Treats nervous and insane cases only. Estimated value, $1,099,612. Supported by pay of patients and state appropriation.

Middletown State Homœopathic Hospital, Middletown, N. Y. Incorporated 1870; opened to patients 1874. Superintendent, Maurice C. Ashley, M. D. Number of beds, 2,200; patients treated last year, 2,290. Treats insane cases only. Supported by pay of patients and state appropriation. Estimated value, $2,032,400.

New York Ophthalmic Hospital, 201 East 23rd St., New York, N. Y. Incorporated 1852; opened to patients 1852. Executive Officer, Edwin S. Munson, M. D. Number of beds, 80; patients treated last year, 1505. Medical and surgical, eye, ear, nose and throat. Estimated value of hospital and grounds, $100,000. Income from rentals and subscriptions. Delegate, Edward S. Munson, M. D.

The Lee Private Hospital, 179 Lake Ave., Rochester, N. Y. Incorporated 1898; opened to patients, 1898. Executive Officer, John M. Lee, M. D. Number of beds, 55. Treats all cases except alcoholic and insane cases. Estimated value, $165,000. Supported by pay of patients.

Ohio

Dorcas Invalids' Home for Incurables, Cleveland, O. Incorporated 1862; opened to patients 1867. No report received for two years. Last

report, Executive Officer, Mrs. J. A. Benton, 2845 Scarborough Road, Cleveland, O.

Dr. Cole's Private Hospital, 311 Main St., Conneaut, O. Not incorporated; opened to patients 1897. Executive Officer, G. H. Cole, M. D. Number of beds, 10; patients treated last year, 131. Treats all cases except the insane. Estimated value, $12,000. Supported by pay of patients. "During the past two years the hospital has been closed from June 1st to September 1st."

Dr. Barnhill's Private Hospital and Sanitorium, Findlay, O. Incorporated 1894; opened to patients 1894. No report received this year. Last year, Executive Officer, Tobias G. Barnhill, M. D.

Edmond Johnson Hodson Memorial Hospital, Washington Court House, O. Not incorporated; opened to patients 1911. Executive Officer, George S. Hodson. Number of beds, 10; patients treated last year, 125. Treats all cases except the insane. Estimated value, $15,000. Supported by pay of patients.

Pennsylvania

Homœopathic State Hospital for the Insane, Hanover Township, Allentown, Pa. Incorporated 1901; opened to patients 1912. Superintendent, Henry I. Klopp, M. D. Number of beds, 1,000; patients treated last year, 1,217. Treats insane cases only. Estimated value, $1,715,225. Supported by pay of patients and county and state appropriation.

Philadelphia Home for Infants, 4618 Westminster Ave., Philadelphia, Pa. Incorporated 1873; opened to patients 1873. Executive Officer, E. G. Whinna, M. D., 320 North 41st St., Philadelphia, Pa. Number of beds, 54; patients treated last year, 102. Treats infants only. Estimated value, $25,000. Supported by pay of patients, donations, bequests and state appropriation.

The Evergreens, Box 551, Pottstown, Pa. Not incorporated; opened to patients 1914. Executive Officer, Anna E. Yorgey, R. N. Treats deficient children and adults only.

Utah

Bingham Hospital, Bingham, Utah. Incorporated 1905; opened to patients 1905. No report received for two years. Last report, Executive Officer, F. E. Straup, M. D.

SPECIAL AND PRIVATE HOSPITALS IN WHICH BOTH SCHOOLS OF PRACTICE ARE EMPLOYED

Kentucky

Pattie A. Clay Infirmary, Glyndon Ave., Richmond, Ky. Incorporated 1892; opened to patients 1892. Secretary, Mrs. A. J. Suit. Number of beds, 14; patients treated last year, 135. Treats all cases except the insane. Estimated value, $7,500. Supported by pay of patients, county and city appropriation and entertainments.

Deaconess Hospital, 529 S. Eighth St., Louisville, Ky. Secretary, Miss Louise K. Gutman. Number of beds, 40. Treats all cases except alcoholic, nervous and insane cases. Supported by pay of patients and donations. Estimated value, $50,000.

Massachusetts

Whidden Memorial Hospital, corner Lawrence St. and Fremont Ave., Everett, Mass. Not incorporated; opened to patents 1897. No report received for two years. Last report, Secretary, George E. Whitehall, M. D., 516 Broadway, Everett, Mass.

Addison Gilbert Hospital, Gloucester, Mass. Incorporated 1889; opened to patients 1897. Secretary, Fred A. Shackelford, M. D. Number of beds, 30; patients treated last year, 377. Treats all cases except

the insane. Estimated value, $79,000. Supported by pay of patients and endowment.

Union Hospital, Linwood Road, West Lynn, Mass. Incorporated 1900; opened to patients 1901. Superintendent, James H. Grant, M. D. Number of beds, 75; patients treated last year, 796. Treats general, surgical and maternity cases. Estimated value, $50,000. Supported by pay of patients.

Melrose Hospital Association, corner Lebanon and Porter Sts., Melrose, Mass. Incorporated 1898; opened to patients 1894. Secretary, Mrs. Frank H. Brown, 31 Lake Ave., Melrose, Mass. Number of beds, 50; patients treated last year, 739. Treats general, surgical and maternity. Estimated value, $127,000. Supported by pay of patients and contributions.

Milford Hospital, Prospect and Main Sts., Milford, Mass. Incorporated 1900; opened to patients 1903. Secretary, John E. Swift. Number of beds, 40; patients treated last year, 626. Treats general, surgical, maternity cases. Estimated value, $72,000. Supported by pay of patients, donations and income from investments.

New England Baptist Hospital, Parker Hill Ave., Boston, Mass. Incorporated 1893; opened to patients 1893. Superintendent, Miss Emma A. Anderson. Number of beds, 42; patients treated last year, 716. Treats general, surgical and maternity cases. Estimated value, $40,000. Supported by pay of patients and contributions from individuals and Baptist churches.

The Jordan Hospital, Sandwich St., Plymouth, Mass. Incorporated 1901; opened to patients 1903. No report received this year. Last year, Treasurer, William W. Brewster.

Leander M. Haskins Hospital, Summit Ave., Rockport, Mass. Not incorporated; opened to patients 1906. Secretary, J. Loring Woodfall. Number of beds, 10; patients treated last year, 125. Treats general, surgical and maternity cases. Estimated value, $10,000. Supported by pay of patients and donations.

Wesson Maternity Hospital, Springfield, Mass. Incorporated 1906; opened to patients 1908. Secretary, George C. McClean, M. D. Number of beds, 46; patients treated last year, 704 mothers. Treats maternity cases only. Estimated value, $250,000. Supported by pay of patients and endowment. "Each patient employs and pays her own physician; no hospital staff."

The Waltham Hospital, Hope Ave., Waltham, Mass. Incorporated 1885; opened to patients 1887. Executive Officer, C. J. McCormick, M. D. Number of beds, 110; patients treated last year, 1,160. Treats all cases except the insane. Estimated value, $147,000. Supported by pay of patients, income from funds and contributions.

Michigan

Blodgett Memorial Hospital, Locust and Sherman Sts., Grand Rapids, Mich. Incorporated 1873; opened to patients 1877. Superintendent, Ida M. Barrett, R. N. Number of beds, 135; patients treated last year, 1,489. Treats general, surgical and maternity cases. Estimated value, $635,000. Supported by pay of patients, donations, "Tag Day," and endowments.

New York

Prospect Heights Hospital and Brooklyn Maternity, Washington Ave., corner St. John's Place, Brooklyn, N. Y. Incorporated 1871; opened to patients 1871. No report received this year. Last year, Secretary, Miss Helen E. Redding.

Women's Christian Association Hospital, Jamestown, N. Y. Incorporated 1887; opened to patients 1887. Secretary, Mrs. C. C. Wilson. Number of beds, 60; patients treated last year, 1,034. Treats all cases

except the insane. Estimated value, $75,000. Supported by pay of patients and contributions.

Ohio

Dalrymple Hospital and Sanatorium, 1948 East 101st St., Cleveland, O. Not incorporated; opened to patients 1904. Executive Officer, Miss Elizabeth Dalrymple Gourlay. Number of beds, 15; patients treated last year, 210. Treats all cases except the insane. Estimated value, $40,000. Supported by pay of patients.

The Maternity Hospital, 3735 Cedar Ave., Cleveland, O. Incorporated 1892; opened to patients 1892. Executive Officer, Mrs. H. B. Cody, Norfolk Road, Cleveland, Ohio.

Glenville Hospital, 701 Parkwood Drive, Cleveland, O. Incorporated 1907; opened to patients 1907. No report received for two years. Last report, Secretary, H. DeM. Fowler, M. D., 779 East 152nd St., Cleveland, O.

HOMŒOPATHIC SANATORIA

California

Florence N. Ward Sanatorium, 1195 Bush St., San Francisco, Cal. Not incorporated; opened to patients 1911. Matron, Christine Minugh. Number of beds, 54; patients treated last year, 640. Treats general, surgical and maternity cases. Estimated value, $175,000. Supported by pay of patients.

Connecticut

Crest View Sanatorium, Greenwich, Conn. Incorporated 1894; opened to patients 1894. Executive Officer, F. St. Clair Hitchcock, M. D., 616 Madison Ave., New York, N. Y. Number of beds, 30. Treats general and rheumatic cases. Supported by pay of patients.

Dr. Wadsworth's Sanatorium, South Norwalk, Conn. Not incorporated; opened to patients 1904. Executive Officer, Alvin D. Wadsworth, M. D. Treats alcoholic, nervous, drug and mild mental cases.

Dr. Given's Sanatorium, Stamford, Conn. Not incorporated; opened to patients 1891. Executive Officer, Amos J. Givens, M. D., Stamford, Conn. Number of beds, 250. Treats nervous, mental, alcoholic and drug cases. Supported by pay of patients.

Illinois

Garfield Park Sanatorium, 3813 Washington Blvd., Chicago, Ill. Incorporated 1893; opened to patients 1893. Executive Officer, Hugh P. Skiles, M. D. Treats all cases. Supported by pay of patients.

Maryland

Carroll Springs Sanatorium, Forest Glen, Md. Not incorporated; opened to patients 1890. Executive Officer, George H. Wright, M. D. Number of beds, 25; patients treated last year, 40. Treats general and nervous cases. Estimated value, $75,000. Supported by pay of patients.

Massachusetts

Arlington Health Resort and Ring Sanatorium, Arlington Heights, Mass. Not incorporated; opened to patients 1879. Executive Officer, Arthur H. Ring, M. D. Number of beds, 60; patients treated last year, 206. Treat alcoholic, nervous and insane cases. Estimated value, $100,000. Supported by pay of patients.

The Douglas Sanatorium, 321 Centre St., Dorchester, Mass. Not incorporated; opened to patients 1903. Executive Officer, C. J. Douglas, M. D. Number of beds, 20. Treat general, alcoholic, nervous and morphine cases. Supported by pay of patients.

Framingham Nervine, Framingham, Mass. Not incorporated; opened to patients 1896. Executive Officer, Ellen L. Keith, M. D. Number of

beds, 18; patients treated last year, 27. Treats nervous, mildly insane and rest cases. Supported by pay of patients.

Woodside Cottages, Framingham, Mass. Not incorporated; opened to patients 1900. Executive Officer, Frank W. Patch, M. D. Number of beds, 5. Treats nervous and insane cases only. Estimated value, cases. Supported by pay of patients.

Dr. Reeves, Nervine, 283 Vinton St., Melrose Highlands, Mass. Incorporated 1903; opened to patients 1903. Executive Officer, Harriet E. Reeves, M. D. Number of beds, 15; patients treated last year, 23. Treats nervous and insane cases. Estimated value, $15,000. Supported by pay of patients.

Highland Hall, Newton Highlands, Mass. Not incorporated; opened to patients 1894. Superintendent, S. L. Eaton, M. D. Number of beds, 10; patients treated last year, 21. Treats general, nervous and mildly insane cases. Estimated value, $20,000. Supported by pay of patients.

Locust Grove Sanatorium, Sandwich, Mass. Incorporated 1895; opened to patients 1895. Superintendent, Alice R. Cooke. Number of beds, 6. Treats nervous and insane cases. Supported by pay of patients.

Buscall's Home, 235 Pine St., Springfield, Mass. Not incorporated; opened to patients 1901. Executive Officer, Isaac Buscall, M. D. Number of beds, 18. Treats all cases except the insane. Estimated value, $20,000. Supported by pay of patients.

Greystone Towers Sanatorium, West Bridgewater, Mass. Not incorporated; opened to patients 1905. Superintendent, Ellis S. LeLacheur, M. D. Number of beds, 12. Treats surgical, maternity, nervous and convalescent cases. Estimated value, $15,000. Supported by pay of patients.

Newton Sanatorium, West Newton, Mass. Not incorporated; opened to patients 1904. Executive Officer, N. Emmons Paine, M. D. Number of beds, 5. Treats nervous and insane cases only. Estimated value, $30,000. Supported by pay of patients.

Wellesley Nervine, Wellesley, Mass. Not incorporated; opened to patients 1896. Executive Officer, Edward H. Wiswall, M. D. Number of beds, 30; patients treated last year, 61. Treats alcoholic, nervous and insane cases. Supported by pay of patients.

Michigan

Spinney Medical Association, Smyrna, Mich. Incorporated 1904; opened to patients 1910. Executive Officer, Andrew B. Spinney, M. D. Number of beds, 40; patients treated last year, about 100. Treats general, surgical, alcoholic and nervous cases. Estimated value, $15,000. Supported by pay of patients.

Minnesota

The Lawrence Sanatorium, 820 East 17th St., Minneapolis, Minn. Not incorporated; opened to patients 1890. Executive Officer, W. D. Lawrence, M. D. Number of beds, 75; patients treated last year, 400. Treats surgical, maternity, alcoholic, nervous and insane cases. Estimated value, $100,000. Supported by pay of patients.

Nebraska

Green Gables, The Dr. Benj. F. Bailey Sanatorium Co., Lincoln, Neb. Incorporated 1901; opened to patients 1901. Executive Officer, Benjamin F. Bailey, M. D. Number of beds, 85; patients treated last year, 500. Treats medical, surgical and maternity cases, with a special department and separate buildings for alcoholic, nervous and mental cases. Supported by pay of patients. Estimated value, $180,000.

New Jersey.

Hahnemann Hall Sanatorium, Atlantic City, N. J. Incorporated 1906; opened to patients 1908. Executive Officer, Alfred W. Baily, M.

D. Number of beds, 25. Treats general and nervous cases. Estimated value, $50,000. Supported by pay of patients.

Dr. Hassler's Sanatorium, Inc., 316 Fifth Ave., Belmar, N. J. Opened to patients 1915. Executive Officer, J. Wyllis Hassler, M. D.

New York

The Bethesda Sanatorium, 926-954 St. Mark's Ave., Brooklyn, N. Y. Incorporated 1894; opened to patients 1894. No report received this year. Last year, President, Almira B. Smith.

Muncie Sanatorium, 117-19 Macon St, Brooklyn, N. Y. Not incorporated; opened to patients 1893. Executive Officer, Elizabeth H. Muncie, M. D. Number of beds, 20; patients treated last year, 243. Treats surgical, maternity and nervous cases. Estimated value, $60,000. Supported by pay of patients.

The Willis Sanatorium, 374 Ocean Parkway, Brooklyn, N. Y. Not incorporated; opened to patients 1901. No report received this year. Last year, Superintendent, Miss E. E. Ward.

Interpines Sanatorium, Goshen, N. Y. Incorporated 1890; opened to patients 1890. Executive Officer, Frederick M. Seward, M. D. Number of beds, 56; patients treated last year, about 100. Treats alcoholic, nervous and insane cases. Supported by pay of patients.

Eden Home for Convalescents, Forest Park, South, Long Island, N. Y. "Closed on account of death of Dr. Eden."

Dr. Daniel H. Arthur's Sanatorium, Pleasantville, N. Y. Not incorporated; opened to patients 1914. Executive Officer, Daniel H. Arthur, M. D. Number of beds, 6. Treats mental and nervous and selected habit cases. Supported by pay of patients.

Ohio

The Sawyer Sanatorium, White Oaks Farm, Marion, O. Not incorporated; opened to patients 1911. Executive Officer, C. E. Sawyer, M. D. Number of beds, 75; patients treated last year, 326. Treats nervous and insane cases. Estimated value, $200,000. Supported by pay of patients.

Oklahoma

Dr. David Gaede's Sanatorium, Weatherford, Okla. Not incorporated; opened to patients 1904. Executive Officer, David Gaede, M. D. Number of beds, 15; patients treated last year, 300. Treats all cases except alcoholic and insane cases. Estimated value, $5,000. Supported by pay of patients.

Pennsylvania

Easton Sanatorium, Easton, Pa. Incorporated 1895; opened to patients 1895. Executive Officer, C. Spencer Kinney, M. D. Number of beds, 30; patients treated last year, 49. Treats alcoholic, nervous and insane cases. Estimated value, $40,000. Supported by pay of patients.

The Walter Sanatorium, Walter's Park, near Reading, Pa. Incorporated 1907; opened to patients 1876. Executive Officer, Robert Walter, M. D. Number of beds, 200; patients treated last year, 300. Treats general and nervous cases. Estimated value, $200,000. Supported by pay of patients.

SANATORIA IN WHICH BOTH SCHOOLS OF PRACTICE ARE EMPLOYED

Massachusetts

Rutland State Sanatorium, Rutland, Mass. Not incorporated; opened to patients 1898. Superintendent, Elliott Washburn, M. D. Number of beds, 355; patients treated last year, 868. Treats early pulmonary tuberculosis only. Estimated value, $516,276. Supported by pay of patients, if able, otherwise the state pays for them.

New Jersey.

Galen Hall, Atlantic City, N. J. Incorporated 1900; opened to patients 1894. No report received for two years. Last report, Physician in charge, E. T. Wright, M. D.

INSTITUTIONS IN WHICH HOMŒOPATHY IS EMPLOYED

California

Maria Kip Orphanage, 520 Lake St., San Francisco, Cal. Opened to inmates 1890. No report received this year. Last year, Secretary, Miss Anna Hall, 324 Haight St., San Francisco, Cal.

San Francisco Nursery for Homeless Children, Lake St. and 14th Avenue, San Francisco, Cal. Incorporated 1892; opened to inmates 1878. Secretary, Mrs. F. W. Zeile, 1050 Green St., San Francisco, Cal. Number of beds, 86; patients treated last year, 67 visits and 478 prescriptions given. Estimated value, $48,000. Supported by payments from inmates' relatives, bequests, donations, and state appropriation.

Colorado

Denver Orphans' Home, Colfax Ave. and Albion St., Denver, Col. Superintendent, Mrs. Carrie Hubbell, Denver Orphans' Home, Denver, Col. Number of beds, 160. Supported by endowment, and nominal sum from the one living parent. Physician in charge, J. B. Brown, M. D.

Illinois

Chicago Foundlings' Home, 15 S. Wood St., Chicago, Ill. Not incorporated; opened to inmates 1871. Secretary, Miss Frances C. Shipman. Number of beds, 40 for adults, 80 for infants; patients treated last year, 596. Estimated value, $40,000. Supported by contributions and endowment.

Illinois Masonic Orphans' Home, La Grange, Ill. Incorporated 1884; opened to inmates 1911. No report received for two years. Last report, President, Ralph H. Wheeler, M. D., 8 N. State St., Chicago, Ill.

Chicago Home for the Friendless, 5059 Vincennes Ave., Chicago, Ill. Incorporated 1859; opened to inmates 1859. Physician in charge, Agnes V. Fuller, M. D., Chicago. Superintendent, Miss Anna M. Helbing.

Indiana

Culberton Home for Old Ladies, New Albany, Ind. Incorporated 1874; opened to inmates 1874. Executive Officer, Mrs. William S. Culberton, 1469 Fourth Ave., Louisville, Ky. Number of beds, 11. Physician in charge, G. Oscar Erni, M. D. Supported by endowment. "This is a private charity, endowed by Wm. S. Culberton."

Iowa

Iowa School for the Deaf, Council Bluffs, Ia. Incorporated 1878; opened to inmates 1856. Superintendent, Henry W. Rothert. Number of beds, 300; patients treated last year, 260. Estimated value, $500,000. Supported by state appropriation. Attending physician, Alfred P. Hanchett, M. D.

Benedict Home, Des Moines, Ia. Incorporated 1882; opened to inmates 1882. Superintendent, Miss Hattie R. Garrison. Number of beds, 25; patients treated last year, 24. Estimated value, $50,000. Supported by local unions and endowment.

Des Moines Home for the Friendless Children, 2018 High St., Des Moines, Ia. Incorporated 1887; opened to inmates 1886. No report received this year. Last year, Secretary, Mrs. E. H. Carter, 1427 Woodland Ave., Des Moines, Ia.

Kentucky

Kentucky Institution for Feeble-Minded Children, Frankfort, Ky. Incorporated 1854; opened to inmates 1854. Superintendent, Henry C. Kehoe, M. D. Number of beds, 400; an average of 3,600 prescriptions given. Estimated value, $100,000. Supported by state appropriation.

Missouri

Margaret Klock Armour Memorial Home for Aged Couples, Tracy Ave. and 22nd St., Kansas City, Mo. Not incorporated; opened to inmates 1905. No report received for three years. Last report, Secretary, Mrs. A. S. Haines, 4117 Warwick Blvd., Kansas City, Mo.

New Jersey

Bethany Home for the Aged, Park Ave., Irvington, N. J. Incorporated 1900; opened to inmates 1900. Executive Officer, Carl H. Wintsch, M. D., 188 Fairmount Ave., Newark, N. J. Number of beds, 6 in hospital; 85 in home; patients treated last year, 80. Estimated value, $40,000. Supported by voluntary contributions.

Baptist Home Society of New Jersey, 285-9 Roseville Ave., Newark, N. J. Incorporated 1891; opened to inmates 1891. Executive Officer, Miss Kate S. Thompson, P. O. Box 99, Newark, N. J. Number of beds, 48; patients treated last year, 18. Estimated value, $77,500. Supported by Baptist churches and individual contributions.

New York

Ingleside Home for Reclaiming the Erring, 70 Harvard Pl., Buffalo, N. Y. Incorporated 1869; opened to inmates 1868. President, Mrs. W. Brown Moore, 162 Highland Ave., Buffalo, N. Y. Number of beds, 85; patients treated last year, 83. Estimated value, $85,000. Supported by contributions, city and county appropriation. Attending physician, Clayton W. Seaman, M. D. "No contagious or severe diseases treated; sent to outside institutions."

Asylum for Half Orphan and Destitute Children, 110 Manhattan Ave., New York, N. Y. Incorporated 1832; opened to inmates 1835. No report received this year. Last year, Superintendent, Augusta DeFoe.

Ohio

Cottage Hospital, Cincinnati Orphan Asylum, Wellington Place, Mt. Auburn, Cincinnati, O. Incorporated 1832; opened to inmates 1833. Superintendent, Miss Mary C. Thompson. Number of beds, 16; all children in the institution are treated in our Cottage Hospital. Supported by donations and city appropriation.

The Protestant Home for the Friendless and Foundlings, 433 West Court St., Cincinnati, O. Incorporated 1860; opened to inmates 1855. No report received this year. Last year, President, W. S. Dickinson.

Home for Aged Women, 2206 East 46th St., Cleveland, O. Not incorporated; opened to inmates 1877. No report received this year. Last year, Superintendent, Julia P. Greene.

The A. M. McGregor Home for Aged Men and Women, Corner Lee and Terrace Rd., E. Cleveland, O. Incorporated 1904; opened to inmates 1908. Superintendent, Miss Anna L. Huntley. Number of beds, 36. Estimated value, $150,000. Supported by endowment.

Ohio Soldiers' and Sailors' Orphans' Home, Xenia, O. Not incorporated; opened to inmates 1870. Superintendent, J. P. Elton. Number of beds, 725 in institution; 50 in hospital. Estimated value, $750,000. Supported by state appropriation. Resident physician, Warren C. Hewitt, M. D.

Oregon

Children's Home, management of Ladies' Relief Society, 887 Corbett St., Portland, Ore. Incorporated 1873; opened to inmates 1873.

Secretary, Mrs. Ellis G. Hughes, Elton Court, Portland, Ore. Number of beds, according to number of children, 104 at present. Supported by the dues of Ladies' Relief Society, and, if possible, pay of some children.

Pennsylvania

Christian Home for Women, 1423 Liverpool St., Pittsburgh, N. S., Pa. Incorporated 1868; opened to inmates 1868. No report received for two years. Last report, President, Mrs. Joseph Horner, 910 Sherman Ave., Pittsburgh, N. S., Pa.

Florence Crittenden Home and Rescue Association, 1852 Centre Ave., Pittsburgh, Pa. Incorporated 1900; opened to inmates 1893. No report received this year. Last year, President, D. C. Martin, M. D., 401 N. Highland Ave., Pittsburgh, Pa.

Florence Crittenden Mission, 712 Harrison Ave., Scranton, Pa. Incorporated 1897; opened to inmates 1894. Cor. Secretary, Mrs. F. B. Foote, 1021 Ridge Row, Scranton, Pa. Number of beds, 35; patients treated last year, 89. Estimated value $35,000. Supported by state appropriation and contributions. "Girls were formerly sent to the Homœopathic hospital, but are now cared for in the Home; at present, attending physicians are allopaths."

Rhode Island

Children's Friend Society, 23 Tobey St., Providence, R. I. Incorporated 1836; opened to inmates 1835. Superintendent, Mrs. Cora L. Sawyer. Number of beds, 73. Estimated value, $62,130. Supported by contributions and income from investments.

Providence Rescue Home and Mission, 30 Benefit St., Providence, R. I. Incorporated 1895; opened to inmates 1894. Superintendent, Margaret H. Dennehy. Number of beds, 17; patients treated last year, 111. Estimated value, $15,000. Supported by contributions.

Utah

The Florence Crittenden Home, 2544 Butler Ave., Ogden, Utah. Incorporated 1894; opened to inmates 1892. No report received this year. Last year, Secretary, Miss Sarah Chapman, 920 Twenty-third St., Ogden, Utah.

INSTITUTIONS IN WHICH BOTH SCHOOLS OF PRACTICE ARE EMPLOYED

Iowa

The Home for the Aged, 29th St. and University Ave., Des Moines, Ia. Incorporated 1898; opened to inmates 1898. Secretary, L. B. Bartholomew. Number of beds, 56; patients treated last year, 50. Estimated value, $50,000. Supported by admission fees, endowment and donations.

New Jersey

Passaic Day Nursery, corner Jefferson St. and Columbia Ave., Passaic, N. J. Incorporated 1893; opened to inmates 1891. President, Mrs. W. I. Barry. Number of beds, 16. Estimated value, $26,000. Supported by contributions, subscriptions and entertainments.

Children's Home Association, Jackson and Westervelt Aves., Plainfield, N. J. Incorporated 1877; opened to inmates 1877. President, Mrs. Frances W. Cooley. Number of beds, 37. Estimated value, $30,000. Supported by endowment and contributions.

New York

Baptist Home for the Aged, 116 East 68th St., New York, N. Y. Incorporated 1869; opened to inmates 1870. Cor. Secretary, Arabelle T. Burr. Number of beds, 100; patients treated last year, 30. Supported by contributions and support of Baptist churches.

Chapin Home for the Aged and Infirm, Park and Chapin Aves., Jamaica, N. Y. Incorporated 1869; opened to inmates 1872. No report received this year. Last year, Secretary, Mrs. Charles L. Stickney, 49 East 127th St., New York, N. Y.

The Martha Wilson Home, 356 Franklin Ave., Mount Vernon, N. Y. Incorporated 1891; opened to inmates 1891. Cor. Secretary, Mrs. J. E. Bates, 24 Summit Ave., Mount Vernon, N. Y. Number of beds, 16. Estimated value, $17,000. Supported by endowment and contributions.

Rhode Island

Sophia Little Home, 135 Norwood Ave., Edgewood, R. I. Incorporated 1874; opened to inmates 1892. Secretary, Mrs. J. K. Barney, 529 Broad St., Providence, R. I. Number of beds, 25. Estimated value, $60,000. Supported by state appropriation and contributions. Superintendent, Miss Elise Jones.

HOMŒOPATHIC DISPENSARIES

Colorado

Tabernacle Free Dispensary, corner 20th and Lawrence Sts., Denver, Col. Incorporated 1884; opened to patients 1893. No report received this year. Last year, Secretary, J. R. Blasser, M. D., 518 East 20th Ave., Denver, Col.

District of Columbia

National Homœopathic Hospital (Dispensary), Kirby St., near N. St., N. W., Washington, D. C. Incorporated 1881 and 1901; opened to patients 1881. No report received this year. Last year, Secretary, Ralph W. Hills, 1820 19th St., Washington, D. C.

Delaware

Homœopathic Hospital of Delaware (Dispensary), Van Buren St. and Lovering Ave., Wilmington, Del. Incorporated 1888; opened to patients 1889. Secretary, Lewis W. Flinn, M. D., 909 Washington St., Wilmington, Del. Number of patients treated last year, 620; prescriptions given, 2,452.

Illinois.

Hahnemann Medical College and Hospital Dispensary, 2811-17 Cottage Grove Ave., Chicago, Ill. Incorporated 1855; opened to patients 1870. Secretary, R. H. Street, M. D. Number of patients treated last year, 19,003; prescriptions given, 39,283. Cost of conducting dispensary, $3,550.

National Emergency Free Dispensary, 1428 Wells St., Chicago, Ill. Incorporated 1896; opened to patients 1896. No report received for three years. Last report, Secretary, Paul Burmaster, M. D., 546 Surf St., Chicago, Ill.

Maryland

Hahnemann General Hospital and Free Dispensary, Mount St., between Laurens St. and Riggs Ave., Baltimore, Md. Incorporated 1894; opened to patients 1890. Secretary, Mr. W. M. Keener, 3219 Vickers Road, Baltimore, Md. Number of patients treated last year, 3,511; prescriptions given, 3,798.

Massachusetts

Medical Mission, 36 Hull St., Boston, Mass. Incorporated 1902; opened to patients 1894. Superintendent, Mrs. E. M. Taylor. Number of patients treated last year, 14,348; prescriptions given, 2,049. Mission is in connection with settlement work.

Out-Patient Department of the Massachusetts Homœopathic Hospital, 750 Harrison Ave., Boston, Mass. Incorporated 1855; opened to patients 1856. Superintendent, Henry M. Pollock, M. D. Number of

patients treated last year, 12,745; prescriptions given, 44,085; outside visits made, 9,118. Cost of conducting dispensary, $12,907.56.

New Jersey

West Jersey Homœopathic Hospital (Dispensary), Camden, N. J. Incorporated, 1891; opened to patients 1891. Secretary, Chas. F. Hadley, M. D. Superintendent, Ralston S. Hirst, M. D. Number of patients treated last year, 20,436; prescriptions given, 20,436; outside visits made, 1,064. The City of Camden allows us $6,500 yearly for our dispensary and outside calls.

East Orange Dispensary Association, Day St., East Orange, N. J. Incorporated 1883; opened to patients 1884. Secretary, Miss Laura M. Lindsley, 115 Washington St., East Orange, N. J. Number of patients treated last year, 1,654. Cost of conducting dispensary, $502.82.

Ann May Memorial Dispensary, Spring Lake, N. J. Incorporated 1904; opened to patients 1904. Secretary, Joseph Ackerman, M. D., 433 Cookman Ave., Asbury Park, N. J. Number of patients treated last year, 742.

The William McKinley Memorial Hospital (Dispensary), Brunswick Ave., Trenton, N. J. Incorporated 1887; opened to patients 1892. No report received for two years. Last report, Secretary, Walter F. Smith, 203 E. State St., Trenton, N. J.

New York

The Homœopathic Hospital of Albany (Dispensary), 161 N. Pearl St., Albany, N. Y. Incorporated 1875; opened to patients 1873. Secretary, Mr. James W. Cox, 3 Elk St., Albany, N. Y. Number of patients treated last year, 2,074; prescriptions given, 807; outside visits made 7.

Brooklyn E. D. Homœopathic Dispensary, 194 S. Third St., Brooklyn, N. Y. Incorporated 1872; opened to patients 1872. Secretary, Robert L. Wood, M. D., 129 Hancock St., Brooklyn, N. Y. Patients treated last year, 8,917; prescriptions given, 9,176. Cost of conducting the dispensary, Repairs, $189.14; Maintenance Expense, $69.80; Medical Supplies, $322.81; Fuel and Light, $215.41; Wages and Labor, $1,067; Total, $1,864.16.

Cumberland Street Hospital (Dispensary), 109 Cumberland St., Brooklyn, N. Y. Incorporated 1902; opened to patients 1902. Secretary, William H. Abbott, M. D., 1242 Pacific St., Brooklyn, N. Y. Number of patients treated last year, 20,961; prescriptions given, 15,880. Operated under Department of Public Charities of the City of New York.

Gates Avenue Homœopathic Dispensary, 13 Gates Ave., Brooklyn, N. Y. Incorporated 1867; opened to patients 1867. Secretary, D. R. Aldridge, 80 Maiden Lane, New York City. Number of patients treated last year, 3,415; prescriptions, 2,856; outside visits, 166; cost of conducting dispensary, $1,275.82.

Memorial Dispensary for Women and Children, 827 Sterling Pl., Brooklyn, N. Y. Incorporated 1883; opened to patients 1883. Secretary, Mary L. Lines, M. D., 285 Washington Ave., Brooklyn, N. Y. Number of patients treated last year, 1,237; prescriptions given, 1,781; outside visits made, 460. Cost of conducting dispensary, $800.

Dispensary of the New York Homœopathic Medical College and Flower Hospital, 429 East 63rd St., New York, N. Y. Incorporated 1900; opened to patients 1890. Superintendent, Nelson W. Thompson, M. D., Flower Hospital, New York, N. Y. Number of patients treated last year, 27,417; prescriptions given, 20,529.

Dispensary of the New York Homœopathic Medical College and Hospital for Women, 19 West 101st St., New York, N. Y. Incorporated 1863; opened to patients, 1864. Secretary, Mary Friedman, M. D., 2 West 103rd St., New York, N. Y. Number of patients treated last year, 1023; prescriptions given, 2,835; outside visits made, 1,067.

New York Ophthalmic Hospital Dispensary, 201 East 23rd St., New York, N. Y. Incorporated 1852; opened to patients 1852. No report received this year. Last year, Secretary, Mr. James W. Arthur, 111 Liberty St., New York, N. Y.

Rochester Homœopathic Hospital's Free Dispensary, 224 Alexander St., Rochester, N. Y. Incorporated 1887; opened to patients 1889. Secretary, Mr. Albert B. Eastwood, Wm. Eastwood & Son Co., Rochester, N. Y. Number of patients treated last year, 8,267; prescriptions given, 5,805; outside visits made, 2,398.

Ohio

The Union Bethel Settlement Dispensary and Out-Patient Clinic, 501 East Third St., Cincinnati, O. Incorporated 1839; opened to patients 1904. President of Staff, William Smith, M. D., Mercantile Library Bldg., Cincinnati, O. "An abundance of experience in medicine, obstetrics and minor surgery can be obtained here."

Pennsylvania

Children's Homœopathic Hospital of Philadelphia (Dispensary), Franklin and Thompson Sts., Philadelphia, Pa. Incorporated 1877; opened to patients 1877. Secretary, Walter Strong, M. D., 2105 North 13th St., Philadelphia, Pa. Number of patients treated last year, 7,369; prescriptions given, 26,595; outside visits made, by staff, 2,592; by nurses, 2,436 (social service in homes). Cost of conducting dispensary, $4,000.

Dispensary of the Women's Homœopathic Association of Pennsylvania, 20th St. and Susquehanna Ave., Philadelphia, Pa. Incorporated 1882; opened to patients 1883. Secretary, Mrs. Fanny L. Skinner, Philadelphia Bank Bldg., Philadelphia, Pa. Number of patients treated last year, 16,577.

St. Luke's Homœopathic Hospital Dispensary, 4414 N. Broad St., Philadelphia, Pa. Incorporated 1896; opened to patients 1896. Secretary, Miss Mary E. Lewars, 81 Fisher's Lane, Philadelphia, Pa. Number of patients treated last year, 11,213; prescriptions given, 4,958; outside visits made, 1,704.

Woman's Southern Homœopathic Dispensary, 735 S. Broad St., Philadelphia, Pa. Incorporated 1896; opened to patients 1896. Secretary, Miss Annie M. Miller, 1911 Mt. Vernon St., Philadelphia, Pa. Number of patients treated last year, 1,905; prescriptions given, 4,501; outside visits made, 2,235.

Dispensary of the Homœopathic Hospital of Pittsburgh, 408 Second Ave., and 5230 Centre Ave., Pittsburgh, Pa. (two dispensaries). Incorporated 1866; opened to patients 1866. Secretary, George L. McCoy, 5514 Baum Blvd., Pittsburgh, Pa. Number of patients treated last year, 14,248; prescriptions given, 12,544. Cost of conducting dispensaries, approximately $3,000.

Reading Homœopathic Dispensary, 135 North 6th St., Reading, Pa. Incorporated 1891; opened to patients 1888. Secretary, D. C. Kline, M. D., 135 North 6th St., Reading, Pa. Number of patients treated last year, 11,132.

Rhode Island

Homœopathic Hospital of Rhode Island (Dispensary), 62-4 Jackson St., Providence, R. I. Incorporated 1904; opened to patients 1904. Secretary, Mr. David P. Moulton, 626 Industrial Trust Co. Bldg., Providence, R. I. Number of patients treated last year, 4,982.

HOMŒOPATHIC MEDICAL COLLEGES

Hahnemann Medical College of the Pacific, Sacramento & Maple Sts., San Francisco, Cal. Incorporated 1881: opened to students 1882. Dean, James W. Ward, M. D., 391 Sutter St., San Francisco, Cal. Length of terms, 8 months, beginning August 1st. Number of courses for

graduation, 4; number of students, 43; number of graduates, 16; number of alumni, 257; number in faculty, 47; number of professors, 16; number of lecturers, 15. Estimated value of college and grounds, $3,500. No debt. Endowment $5,000. Annual income, $7,231. Delegate, James W. Ward, M. D. "Hahnemann Medical College of the Pacific became amalgamated with the University of California, June, 1915.

Hahnemann Medical College and Hospital of Chicago, 2811-17 Cottage Grove Ave., Chicago, Ill. Incorporated 1855; opened to students 1859. Dean, Joseph P. Cobb, M. D. Length of term, 34 weeks, beginning October 1st. Number of courses for graduation, 4; number of students, 96; number of graduates, 18; number of alumni, 4,192; number in faculty, 90; number of professors, 56; number of instructors, 34. Estimated value of college and grounds, $425.000. No debt. Endowment, $527,626. Annual income, $119,996.92. Delegate, Joseph P. Cobb, M. D.

Homœopathic Medical College of the State University of Iowa, Good Block, Des Moines, Ia. Length of term, 36 weeks, beginning Sep- Iowa City, Ia. Opened to students 1877. Dean, George Royal, M. D., tember 20th. Number of courses for graduation, 4; number of students, 11; number of graduates, 3; number of alumni, 405; number in faculty, 11; number of professors, 11; number of lecturers, 13. Estimated value of college and grounds, $75,000. No debt. No endowment. State meets all needs. Delegate, George Royal, M. D.

Boston University School of Medicine, Boston, Mass. Opened to students 1873. Dean, John P. Sutherland, M. D., 295 Commonwealth Ave., Boston, Mass. Length of term, 30 weeks, beginning October 5th. Number of courses for graduation, 54; number of students, 81; number of graduates, 20; number of alumni, 1,132; number in faculty, 69; number of professors, 21; number of lecturers and instructors, 39. Estimated value of college and grounds, $200,000. Amount of debt, $38,000. Amount of endowment, $182,000. Annual income, variable. Delegate, John P. Sutherland, M. D.

Homœopathic Medical School of the University of Michigan, Ann Arbor, Mich. Incorporated 1875; opened to students 1875. Dean, W. B. Hinsdale, M. D. Length of term, 9 months, beginning October 5th. Number of courses for graduation, 4; number of students, 79; number of graduates, 12; number of alumni, 623; number in faculty, 26; number of professors, 14; number of lecturers, 12. Estimated value of college and grounds, $350,000. Annual income, $80,000. Delegate, W. B. Hinsdale, M. D.

Southwest School of Medicine and Hospital, Kansas City, Mo. Dean, William D. Foster, M. D., 4125 Warwick Blvd., Kansas City, Mo. Length of term, 8 months, beginning October 4th. Number of courses for graduation, 4; number in faculty, 57; number of professors, 28.

New York Homœopathic Medical College and Flower Hospital, 63rd St. and Avenue A, New York, N. Y. Incorporated 1860; opened to students 1860. Dean, Royal S. Copeland, M. D., 58 Central Park West, New York, N. Y. Length of term, 8 months, beginning October 1st. Number of courses for graduation, 4; number of students, 234; number of graduates, 70; number of alumni, 1,570; number in faculty, 82; number of professors, 35; number of lecturers, 15. Estimated value of college and grounds, $1,000,000. Endowment, $600,000. Delegate, Royal S. Copeland, M. D.

New York Medical College and Hospital for Women, 17-19 West 101st St., New York, N. Y. Incorporated 1863; opened to students 1863. Dean, Cornelia C. Brant, M. D., 91 Macon St., Brooklyn, N. Y. Length of term, 4 years of 30 weeks; number of students, 43; number of graduates, 8; number in faculty, 68; 8 full time salaried teachers. Estimated value of buildings and grounds, $185,000. Income, students' fees, donations and endowment. The Board of Trustees have recently purchased the adjacent building at 21 W. 101st St. This will be equipped

with lecture rooms and laboratories, to be ready for occupancy Oct. 1, 1916.—The Cresset, Official Bulletin of the College and Hospital.

College of Homœopathic Medicine, Ohio State University, Columbus, O. Opened to students 1914. Dean, Claude A. Burrett, M. D. Length of term, 9 months, beginning in September. Number of courses for graduation, 4; number of students, 40; number of graduates, 8; number of alumni, 2,500; number in faculty, 16; number of professors, 6; number of lecturers, 10. "Being a part of the University, values hard to estimate."

The Hahnemann Medical College and Hospital of Philadelphia, 220-26 N. Broad St., Philadelphia, Pa. Incorporated 1848; opened to students 1848. Dean, William A. Pearson, Ph. D., M. D. Length of term, 33 weeks, beginning September 28th. Number of courses for graduation, 4; number of students, 137; number of alumni, 1,725; number in faculty, 88; number of professors, 27; number of lecturers, 13. Estimated value of college and grounds, $2,200,000. No debt. Endowment, $230,200. Annual income, $31,000. Delegate, W. A. Pearson, Ph. D.

HOMŒOPATHIC MEDICAL JOURNALS

The Chironian; established 1882. Published monthly, octavo form, by the Alumni Association of the New York Medical College and Flower Hospital, New York, N. Y. Editor, Dr. Eaton, of the college. Business Manager, Dr. Thornhill. Subscription price, $1.00.

The Clinique; established 1880. Published monthly, octavo form, by the Hahnemann Medical College, 2811 Cottage Grove Ave., Chicago, Ill. Editor, H. V. Halbert, M. D., 22 E. Washington St., Chicago, Ill. Subscription price, $2.00. Sixty-five pages in each number.

Hahnemannian Monthly, Inc.; established 1865. Published monthly, octavo form, by the Harper Printing Co., 1012 Chancellor St., Philadelphia, Pa. Editor, G. Harlan Wells, M. D., 1807 Chestnut St., Philadelphia, Pa. Subscription price, $3.00. Ninety pages in each number.

The Homœopathic Envoy; established 1891. Published monthly, octavo form, by E. P. Anshutz, M. D. Editor, E. P. Anshutz, M. D., 1011 Arch St., Philadelphia, Pa. Subscription price, twenty-five cents. Eight pages in each number.

The Homœopathic Recorder; established 1886. Published monthly, octavo form, by Boericke & Tafel, Inc., 1011 Arch St., Philadelphia, Pa. Editor, E. P. Anshutz, M. D. Subscription price, $1.00. Forty-eight pages in each number.

Iowa Homœopathic Journal; established 1907. Published monthly, octavo form, by the Hahnemann Medical Association of Iowa. Editor, John W. Cogswell, M. D., 400 Johnson Co. Bank Bldg., Iowa City, Ia. Subscription price, $1.00. Forty-eight pages in each number.

Journal of the American Institute of Homœopathy; established 1909. Published monthly, octavo form, by the American Institute of Homœopathy. Editor, Sarah M. Hobson, Ph. B., M. D., 917 Marshall Field Bldg., Chicago, Ill. Subscription price, $2.00. From one hundred twenty-eight to one hundred ninety-two pages in each number. Chairman of the Journal Committee, John P. Sutherland, M. D. "The Journal is the official publication of the American Institute of Homœopathy, for the publication of business transactions of the Institute, of statistics of the Homœopathic school of medicine, of scientific papers and information of specific interest to the Institute membership."

Journal of Ophthalmology, Otology and Laryngology; established 1889. Published monthly, octavo form, by Achey & Gorrecht, Lancaster, Pa. Editor, George W. Mackenzie, M. D., 1831 Chestnut St., Philadelphia, Pa. Journal Manager, J. R. McCleary, Cincinnati, O. Subscription price, $3.00. From ninety to one hundred pages in each number.

The Medical Advance; established 1872. Published monthly, quarto form, by the Forrest Press, Batavia, Ill. Editor, J. B. S. King, M. D.,

1402 Masonic Temple, Chicago, Ill. Subscription price, $2.00. Fifty to fifty-six pages in each number.

The Medical Century; established 1893. Published monthly, royal octavo form, by the Examiner Printing House, Lancaster, Pa. Editors, W. A. Dewey, M. D., Ann Arbor, Mich., and A. E. Hinsdale, M. D., Columbus, O. Subscription price, $2.00. Twenty-four pages in each number.

The New England Medical Gazette; established 1865. Published monthly, octavo form, by The Pilgrim Press, 14 Beacon St., Boston, Mass. Editor, DeWitt G. Wilcox, M. D., 419 Boylston St., Boston, Mass. Subscription price, $2.00. Fifty-six pages in each number.

The North American Journal of Homœopathy; established 1851. Published monthly, octavo form, by the Journal Publishing Co., 1748 Broadway, New York, N. Y. Editor, Eugene H. Porter, M. D., 1748 Broadway, New York, N. Y. Subscription price, $3.00. Ninety-six pages in each number.

The Pacific Coast Journal of Homœopathy, Inc.; established 1890. Published monthly, octavo form, by the Pacific Coast Journal Publishing Co., Inc., 240 Stockton St., San Francisco, Cal. Editor, E. H. Howell, M. D., 209 Post St., San Francisco, Cal. Subscription price, $2.00. From forty to eighty pages in each number.

The University Homœopathic Observer; established 1900. Published quarterly, quarto form, by The Examiner Printing House, Lancaster, Pa. Editor, W. B. Hinsdale, M. D., Ann Arbor, Mich. Subscription price, fifty cents. Forty-five pages in each number.

The Homœopathician. Published monthly by Homœopathician Publishing Co., Pittsburgh, Pa. Editor, James Tyler Kent, M. D., and Julia C. Loos, M. D. Subscription price, $2.00.

The Polycrest. Published quarterly at Columbus, Ohio, by the Faculty of the College of Homœopathic Medicine, Ohio State University. Albert E. Hinsdale, M. D., Editor-in-Chief.

Maryland Homœopathic Quarterly. Published in the interest of the Maryland State Homœopathic Medical Society. Editor, J. Elmer Cummins, M. D., 2109 Garrison Ave., Baltimore, Md.

The Cresset. Official Bulletin of the New York Medical College and Hospital for Women. Editor, Edith Hulbert Hamilton, 21 W. 101st St., New York, N. Y.

RECAPITULATION

Number of National Homœopathic Medical Societies	10
Number of Sectional or Interstate Homœopathic Medical Societies	3
Number of State Homœopathic Medical Societies	31
Number of Local Homœopathic Medical Societies	75
Number of Homœopathic Medical Clubs	34
Number of Homœopathic Alumni Associations	6
Number of Miscellaneous Homœopathic Associations	2
Number of General Homœopathic Hospitals	44
Number of Hospitals where both Schools of Practice are employed	30
Number of Special and Private Homœopathic Hospitals	28
Number of Special and Private Hospitals where both Schools of Practice are employed	15
Number of Homœopathic Sanatoria	32
Number of Sanatoria where both Schools of Practice are employed	2
Number of Institutions under Homœopathic Treatment	28
Number of Institutions where both Schools of Practice are employed	7
Number of Homœopathic Dispensaries	29
Number of Homœopathic Colleges	10
Number of Homœopathic Journals	18
Total	404

Old School Verifications.—"Will *calcarea sulph.* cure phthisis?" This is the question asked by a writer in one of our allopathic journals. He then goes on to relate the brilliant results with calcium sulphide in tuberculosis. One case of two years' standing with cough, profuse expectoration, fever, hemorrhage, night sweats, etc. He does not say that a bacterial examination of sputum was made, but that the physical examination shows the lesion to be located in left lung. He does not claim this case is cured, but is astonished at the wonderful results obtained with *cal. sulph.* in clearing up all conditions presented, patient having resumed his work, holding his weight and feeling perfectly well.

Turn to the proving of *cal. sulph.*, Hering's *Guiding Symptoms: Chronic cough of tuberculosis, cough with hectic fever, short asthmatic respiration with hectic fever, pains in the chest and sternum; sphere of action is in the connective tissue; arrests hemorrhage; abscesses, suppuration.* Was this not a good homœopathic prescription?

Another reports *staphysagria* as a specific for lame back associated with orchitis. He learned this in prescribing the drug for a case of orchitis, which it cured. The patient told him it had also cured a backache of ten years' standing. He has found the remedy exceedingly efficacious in lumbar myalgia, the success of the treatment in some cases being remarkable. He cites a case of lame back in a laborer, probably due to strain, who was told by his attending physician he would have to go to bed for two weeks. After taking *staph.* he returned to work the next day, and was not troubled again for two years.

The editor, in commenting on this remedy concludes his remarks by saying: "What a lot of useful plant remedies we do have but with which most of us hardly are acquainted."

See Hering's *Guiding Symptoms: Pains in the back as after overlifting, pains in small of back, sacrum and hip joint; orchitis, testicles inflamed with burning stinging pains; drawing and pressing pains in testicles; orchitis, crural neuralgia.*

The third discovery is the specific action of *ipecac* in postpartum hemorrhage and shock, in which the writer extols its wonderful virtues. Who of us do not recognize the *profuse bright red hemorrhage from the uterus*, the heavy, oppressed breathing with *nausea;* the deathly pale face, sometimes livid; eyes sunken, breathing quick, anxious; sighing and general symptoms of shock under *ipecac.*

If our allopathic brethren would consult a homœopathic materia medica they would find their so-called specifics were simply homœopathic *simillimums*, nothing more, nothing less. But that would be recognizing the law, and homœopathy is "unscientific" and not to be considered.—*Hermance, Homœopathic Recorder, March, 1915.*

THE JOURNAL
OF THE
American Institute of Homœopathy

VOL. VIII. MAY, 1916 No. 11

WHAT SHOULD BE THE PROVISIONS OF A MODEL MEDICAL PRACTICE ACT?*

By Royal S. Copeland, A. M., M. D., New York City

I have based my remarks on the bill drafted by the Medico-Legal Bureau and presented for consideration at last year's meeting. After a careful study of the proposed medical practice act, I shall disregard a multitude of minor objections and proceed at once to discuss what, to my mind, is one of its most serious defects. I assume that one of the objects of this model bill is to placate the medical sects that now have recognition and to make suitable provision for others yet unborn. We must commend the liberality of its authors as we would commend the maker of a will who sought to provide generously, not only for his legitimate and illegitimate children, but also for any posthumous progeny who might appear to clamor for a share of the estate!

It seems to me a model bill should recognize, without quibble or equivocation, that there are sects in medicine, and cheerfully admit to membership in the State Board of Examiners representatives of all systems of practice; or else, the bill should disregard these therapeutic differences, and provide for a State Board of Examiners, making no mention whatever of sect or "pathy."

I take it that a gathering like this is assembled for honest and straightforward interchange of opinion. My letter of invitation frankly stated that I was asked, if not to represent Homœopathy, at least because I am a Homœopath. To most of the delegates here I must be looked upon as a "sectarian," and as such I would speak to you.

*The Council on Public Health of the American Medical Association for two years past had under discussion a bill prepared by its Medico-Legal Bureau. On February 8th, at the Midwinter Conference in Chicago, several gentlemen of the medical and legal professions took part in a symposium, discussing the proposed bill. Dr. Royal S. Copeland, of New York, was asked to represent the homœopathic profession.

In this capacity, I wish to say that the majority of the homœopathic profession is just as anxious to raise the standards of medical education and medical licensure, as is the majority of the dominant school. In making this assertion I know whereof I speak. During the past year, the question has arisen in connection with the medical college over which I preside, as to whether or not it should abandon allegiance to the principles of the Council on Medical Education, assume for itself an independent and self-imposed standard, and dispense medical education at cheaper intellectual rates, than the "Class A" price. We have about fifteen hundred living graduates and I state the exact fact when I tell you that not a single voice was raised to protest against the increase in requirements; on the contrary, almost with one accord, the alumni demanded that our college keep step with modern progress.

Being a graduate myself of a school far removed from the one just mentioned gives me intimate knowledge of the ideas held in another region. As President of the College Alliance of the American Institute of Homœopathy for several years past, I have had rather unusual opportunity to test the temper of my profession. The conclusion of the whole matter, so far as Homœopathy is concerned, is that our men and women join hands with all those who seek high standards, and who would purify and dignify the medical profession.

Why, then, should any doubtful kindness or consideration be shown a branch of the medical profession that is just as keen as the trunk itself to resist the storms of quackery and charlatanism? Why not admit us to full and unqualified membership in the State Board of Medical Examiners?

What has been the history of medical licensure in states where joint boards have held sway? Look at the State of Michigan: Here is a Board of Registration in Medicine appointed by the Governor. In making up its membership the law says: "Not more than five . . . shall be from the school of medicine known as regular; not more than two . . . shall be . . . homœopathic; not more than two . . . shall be eclectic; not more than one . . . shall be physiomedical." From the passage of this law, in 1899, as I recall it, the personnel of the Michigan Board has accorded with this plan of distribution of membership. With changes in politics members have come and gone, but who can gainsay the fact that the progress of medical efficiency in the Peninsular State has been steadily upward and forward? Consider New York,

New Jersey, and Pennsylvania. Who can doubt that their mixed boards have been harmonious, and, unremittingly, have pushed on the cause of better medicine?

I do not speak of other states, because I have no personal knowledge of their inside affairs, but of these four state boards, I am a competent witness as to their zeal, their united efforts, their singleness of purpose, and their support by every branch of the medical profession. Why experiment, when in the Michigan law we have a known and tried method? Somebody once said to Billy Travers: "Seems to me you stammer more in New York than you did when you lived in Baltimore." "I ought to," said Billy, "it's a b—b—bigger t—town!" Many states are bigger than Michigan, but, in my opinion, the only difference in the operation of a similar law would be that it would work even better than it does in Michigan.

The framers of the proposed bill have conceded recognition to the sects, but what is their plan:

First, there is to be a State Board of seven persons; four of whom are *ex-officio* members. The other three, who may be plumbers or undertakers—the bill does not say they shall be doctors, and in some socialistic states they might be walking delegates of a labor organization, are to be appointed by the Governor.

Second, there is to be a committee of five chosen from the adherents of each school of practice recognized at the time of the passage of the act. Also, there is to be a similar committee from any other school of practice or system that can produce five adherents.

What would all this mean, for instance in Ohio? As we learned last night, it would mean committees for the Osteopaths, the Neuropaths, the Naturopaths, the Hydrotherapeutists, the Medical Gymnasts, the Uric Acid Solvents, the Hypnotists, the Christian Scientists, the Psychotherapeutists, the Rythmospecialists, the Zymotherapeutists, etc., etc. In that one state, at least thirty cults would clamor for "committees." God save the mark!

Since law in a popular form of government, such as ours, must be founded upon the consent of the governed, it is out of the question to disregard any faction or party that commands following enough to be entitled to consideration. It is fairly safe to assume that to gather any considerable number of adherents, the party must have a platform of principles that will not wholly violate the conventional standards. I doubt if any sect in medicine need be given political consideration, unless it possess virtues

enough to appeal to multitudes. Of course, the opponents of this view may say it is compromising with the right to make terms with people who, from our standpoint, are mere charlatans. Scientific medicine, however, is not far enough away from its own Dark Ages to be entitled to superciliousness. Whenever concessions have been made, and in spite of the academic objections to recognizing factional differences, progress has been unimpeded, as we have shown already. Personally, I am terribly opposed to the medical pretensions of Christian Science, yet I must admit that many, apparently sane people, piously accept, what to me is the height of absurdity. In all human probability, even a Christian Science Healer, as a member of a State Board of Examiners, would out-Herod Herod in his insistence upon high standards. It is the outsider who feels that everything is wrong; take him in and he soon absorbs the spirit and ideals of the majority. The man who has cried loudest about the injustice of the tax laws will make just as cruel a tax assessor as the man who never paid a tax or gave a thought to taxation.

Therefore, is it not wise, and safe, too, to provide for a joint board, including in membership representatives of the few "irregulars," certainly those employing drugs in the cure of disease and possessing sufficient numerical strength to deserve recognition? From my standpoint, certainly, this is a much better plan than the one proposed. The writers of the model bill, it seems to me, in their efforts to avoid sectarianism, have gone from Scylla to Charybdis. At the very best, the scheme proposed provides a large, unwieldy, expensive system, seemingly incapable of satisfactory operation.

To my mind this bill possesses many other defects. The Board itself, even though the three appointed members be doctors, has a majority of nonmedical men. Laymen cannot enter into the medical problem with the same interest and enthusiasm that physicians can.

In this matter I certainly agree with Dr. Arnold and believe the Board should be made up of practitioners. Undoubtedly the framers of the model were well intentioned as regards the preliminary education of the applicants for license. Perhaps this matter was uppermost in mind in formulating the plan. However, is not Section 5, relating to the preliminary education, too uncertain and indefinite? Should not the bill define exactly what shall be at least the minimum of education? It cannot be doubted, surely, that the paragraph relating to professional education is a

decided let-down from present standards. Section 7, especially paragraph 3, giving the Board power "to promulgate and adopt such rules and regulations as may be necessary—to specify the manner and means—for a license," is vicious in that the Board might so deteriorate, or even be so organized originally, as to fix a very low requirement for the license.

There is a final thought regarding what, in my opinion, the model bill should cover: As we have gone on raising the standards of medical education, quackery has thriven in some quarters as never before in the history of medicine. I hold in my hand a chart showing graphically the medical cults doing business in one of the great states of the Union (not Ohio). With no requirement as to preliminary education, with the time of study varying from one week to six months, with an education cost of from five dollars to a hundred, one may fit himself to practice some sort of pseudo-medicine that will give him a return of all the way from seven hundred to ten thousand dollars per year. Why can such a state of things exist? It must be for one of two reasons. Either the police power of the state is insufficient to control the pretensions of charlatanism, or else the charter privilege is in the wrong hands. It is for the legal profession to determine how it may be done, but the ideal medical practice act will prescribe the conditions under which an institution may grant certificates of proficiency in any sort of healing, and will define the boundaries within which these alleged healers may be strictly confined. The chartering of medical teaching institutions is quite as important as fixing the standards of medical licensure. Existing laws, so far as may be without violation of constitutional restrictions, should be so modified as to make it necessary to obtain the approval of the medical officials of the state before such charters are granted. To this end, it seems to me, the model medical bill should recite the conditions for the granting of educational charter rights.

At the risk of being considered disagreeable, I fear I must state frankly the bill does not meet my ideal of a model medical practice act. If it were proper, I should move that it be recommitted to the Committee for further study and report.

In closing, I wish to say that my branch of the profession will cheerfully join the majority in preparing and urging the enactment in every state of any model bill that protects the public against charlatanism and quackery. Our colleges are conforming to the same standards of admission and graduation; our graduates

will cheerfully submit to the same searching investigation of their individual fitness to practice medicine; our profession will endorse and support every measure making for the public weal. With common purposes and common ends, mutual understanding must bring about a solidarity in medicine that nothing can resist. May it be so!

THE REPERTORY*

By Rudolph Rabe, M. D., New York City

The repertory of the homœopathic materia medica is simply an index to the materia medica. Hence it cannot be better than the materia medica itself, although it may be worse If worse, the fault lies with its construction, since the repertory may have been carelessly compiled, containing many mistakes and numerous omissions. A poorly arranged repertory is worse than none at all.

Since the use of the repertory demands a more or less mechanical procedure, it follows that there must be a technic of such procedure. There is. This technic must be learned and thoroughly understood or else the repertory is of no value to him who attempts its use. Various repertories demand different methods of procedure in their use, and these methods may again vary in certain details. The latter are of small moment, so long as the fundamental principles of repertorial work are observed; hence, three men may arrive at the same result, although each one has pursued a method of his own.

The earliest repertory was that of von Boenninghausen, and is today the best in some respects. The General Symptom Register of Pure Materia Medica of Timothy Field Allen is an index to the Encyclopedia of Pure Materia Medica, and is a compilation of great value, especially when peculiar symptoms are to be found. But it does not lend itself to repertory analysis as hereinafter to be described. The same observation applies to Knerr's Repertory of the Guiding Symptoms of Hering. Various special repertories are in existence, applying to certain diseases or to certain parts of the body. The best known among such works are Bell's Therapeutics of

*Read before the College Alliance, Feb., 1916. *Symposium on Materia Medica Teaching.*

Diarrhea; H. C. Allen's Therapeutics of Intermittent Fever; Lee and Clark's Cough and Expectoration; Lutze's Neuralgia with Repertories; Van Denburg's Therapeutics of the Respiratory System; Morgan's Repertory of the Urinary Organs, etc. Most of these combine the repertory with the materia medica of the parts affected, and are of decided value as works of ready reference in office practice.

In general it may be said that reference to the repertory, or even to the materia medica itself, in the presence of the patient, especially in the sickroom, is not to be recommended unless the patient has been thoroughly grounded in the principles of homœopathy and does not therefore mistake the physician's action for a confession of ignorance. All patients can be trained to understand the object of the prescriber who refers to books and will come to regard such reference as an evidence of painstaking care and interest on the part of the doctor. If the personality of the latter is not rugged enough to command the confidence and respect of the patient, he has either missed his vocation or should terminate his professional relationship with the patient. An experience of twenty years, during which no patient has ever severed his relationship on this account, is the basis for this strong statement.

To accomplish the best which homœopathy offers, to bring about cures which can be wrought in no other way, repertory analysis is often absolutely essential. Its use makes of the physician a better prescriber, a more ready prescriber and gives him a greater knowledge of and confidence in the materia medica. Furthermore, it is the foe of routinism and of careless or slovenly methods of practice. Its technic is just as important to the prescriber as is surgical technic to the operator, and must be just as thoroughly understood.

Repertory analysis applies to both acute and chronic cases, but more especially to the latter, since most acute cases present such pronounced symptoms that even to the physician of but fair knowledge of materia medica, the remedy stands clearly revealed. Such remedies as belladonna, bryonia, chamomilla, pulsatilla, rhus tox., etc., are easily selected as a rule, and need not be searched for by means of the repertory. Repertory analysis, however, cannot be made to apply to all cases. Those in which the symptoms are poorly expressed, or which are but partly developed, are not good cases for repertory work. Cases presenting but few symptoms, especially when

these are of a purely local character, are also poorly adapted to the repertory. Obviously, recently or but partly proved remedies cannot be chosen by this means.

The use of the repertory presupposes and demands that the case be well taken from the homœopathic standpoint. This means that the patient's history must be carefully written, that the diagnostic findings must be noted, and above everything else that the symptoms of the patient himself, regardless of mere diagnosis, be brought out. The patient is to be prescribed for as an individual and not as a pathological entity. It is here that almost all medical students and many physicians fail altogether. No case can be successfully prescribed for by any method, unless the individualizing symptoms are observed. To the medical student a knowledge of repertory analysis is of immense value and cannot be too highly regarded. To be sure, he must be well grounded in the principles of homœopathy, as expressed in the Organon, so that he may be cognizant of the limitations of the sphere and scope of homœopathy and not carry his repertorial efforts to an absurd length. The repertory does not enable one to cure the incurable or to raise the dead, neither is there anything occult or mysterious about it.

In the use of the Therapeutic Pocket-Book or repertory of von Boenninghausen, the points to be considered are, first, location; second, sensation; third, conditions of aggravation and amelioration; and finally, time and concomitant symptoms. This order may be and is frequently changed with advantage, and, for example, may be stated as follows: first, aggravation and amelioration; second, location; third, sensation, and then time and concomitants. It is, of course, not necessary upon this occasion, or for the purpose of discussion at this time, to carry out the demonstration any further.

In using the repertory of Kent, which, although it contains some errors of construction, is by far the most complete, as well as the most useful of all repertories, the method of von Boenninghausen cannot be used. Kent divides symptoms into those which he has arbitrarily called "generals," those classified as "particulars" and the rest as "common." He gives each of these classes three grades of value which, however, need not concern us here. By a general symptom he means one which is predicated of the patient himself and to which the pronoun "I" may be applied. Thus the state-

ment: "I am always aggravated during damp weather," refers not to a particular organ or part, but refers to the patient as a whole, or in other words, to the patient himself. By a particular symptom is meant one which is predicated of a given organ or part, and may be expressed, for example, as follows: "My stomach burns and I have a sticking pain in my chest." It is obvious that the whole patient does not burn nor that he has sticking pains all over. A common symptom is one such as nausea, unqualified by any further statement. Languor, malaise, chilliness, etc., are common symptoms, common to many conditions, to many patients and to many remedies; hence, are of little value unless further qualified.

In using Kent's Repertory, the analysis must always begin with a general symptom, and that one the strongest, or most characteristic possible. Thus, a patient who, no matter what his disease or condition may be, provided, of course, that cure or relief is humanly possible, is invariably worse during or from dry cold weather, will only be cured if this strong general symptom corresponds to one equally strong in the remedies to be considered. No matter how many particular symptoms he may present, which seemingly correspond to those of the remedies found in the repertory, his own curative remedy will not be discovered unless the general symptom is used as a starting point in the analysis. Therefore, when using Kent's Repertory, it is absolutely essential to conduct the analysis from generals to particulars and not in the opposite direction.

Again it may be remarked that further illustration at this time is unnecessary; enough has been said to emphasize, for the purpose of this symposium, the importance of repertory study in the college curriculum, and it has been the practice of the essayist, for several years past, to give a course in repertory analysis to the students of the junior class. For this course four to six hours are sufficient, although to be sure, much more time can be spent in practical illustration, if desired. In passing, it may be said that to those students who are earnestly seeking a knowledge of homœopathy and of its materia medica, the course in repertory analysis appeals; to those, on the other hand, who are prejudiced and not open to reason or argument, the course is farcical and a waste of time. Such students, however, have no place in a homœ-

opathic college, and are always a discredit to homœopathy after graduation.

In conclusion, the necessity for introducing repertorial work in the curricula of all our homœopathic colleges, is strongly urged by your essayist.

FOOD INVESTIGATIONS*

By W. A. Pearson, Ph. D., Dean of the Hahnemann Medical College, Philadelphia, Pa.

If you have a supply of popular magazines in your waiting room you are providing your patients with high grade scientific information on dietetics.

General interest in the Pure Food Law has provided popular magazines with a subject that may be presented from many viewpoints and read with profit and interest by millions. Many of these articles are written by scientists of ability and are authoritative, even if they have been edited to make them easy reading. Diagrams, charts, and illustrations make the didactic teaching ideal. Food values, calories, ballast, kefir, characteristics of proteins, fats and carbohydrates are subjects which are as well known to the average person now as they were to the average physician ten years ago.

The absurdity of advising a patient concerning his diet five minutes after he has finished reading an authoritative article on the subject in a popular magazine in your office is perfectly apparent. Perhaps the article he has just read is identical as to the facts presented with the text-book on dietetics you have on your shelf. No one can stop progress and it would not be wise for you to eliminate from your reading table those magazines containing articles on diet, value of fresh air, and exercise. But it is very necessary for you to know vastly more about dietetics than your patients.

Among the more important topics that deserve your attention are—

Physiology of feeding.

Enzymes and their function during metabolism.

Analysis of gastric contents and interpretation of results.

Examination of feces and interpretation of results.

*Read before the Bureau of Clinical Research, A. I. H., June, 1915.

Chemical difference between cow's milk and human milk.

Modification of cow's milk.

Value of "top milk."

Advantages and disadvantages of pasteurized milk, boiled milk and condensed milk.

Advantages and disadvantages of cold storage.

Advantages and disadvantages of sodium benzoate as a preservative.

Kinds of cheese and their composition.

Nitrogen equilibrium and nitrogen partition.

Disadvantages of high protein diet.

Advantages and disadvantages of oleomargarin.

Transformation of reserve material.

Relation of diabetes to diet.

Vitamins.

Relation of starch, dextrin, maltose and dextrose.

Recipes for attractive dishes for invalids.

Approximate chemical composition of more important foods. Many physicians do not know that, if the percentage of fat is multiplied by 9.3, and the percentage of carbohydrates and proteins is multiplied by 4.1, the sum of these products represents the number of calories in 100 gm. (3½ ounces) of the food.

Methods of computing calories from chemical composition. The difficulty of applying scientific food values has long been apparent. Dr. Ernest F. Clark of Media, Pa., a homœopathic physician, has perfected a practical method of computing food values based on "average portions" served. This method eliminates the necessity of weighing all food eaten and gives practical comparative results which are sufficiently accurate for all practical purposes. We have even used this method in Drug Proving with satisfactory results, as has been reported by The Constantine Hering Laboratory.

Relation of alcohol to sugar.

Composition of denatured alcohol.

Advantages and disadvantages of ice cream, candy, beer, wine and whiskey.

Respiration calorimeter.

Of course, it will be to your advantage to read the abstracts of the leading research work being done on Food Investigations and take advantage of every opportunity to visit the diet

kitchens of sanatoria, modern hotels, hospitals and manufacturing establishments for food products.

Many of our American food manufactories are the best in the world; most hygienic, cleanly, as well as of the greatest magnitude. The Chicago meat packers well deserve their world-wide fame because of their scientific methods alone. Their pathological and chemical laboratories make possible the methods of precision and scientific inspection which are so famous. The Department of Agriculture and our splendid federal, state and city laws have done much to supply food and make possible many food investigations. The magnitude of the American industries producing food is enormous. Even the ice cream industry is worth $100,000,000 per year; the largest ice cream factory producing two million gallons per year; probably the greatest consumption pro rata being in Philadelphia, where one and one-half gallons per year are consumed per capita.

When we recollect that the consumption of sugar in the United States amounts to about 85 pounds per capita per year and that each one of us has eaten flocks of chickens and other domestic animals, we perceive the stupendous importance of food, and easily realize why this contribution on "Food Investigations" is so inadequate and is simply suggestive.

Discussion.

Dr. Sutherland, Boston: The subject of food and food investigations is one that appeals strongly to me, although I cannot claim to possess any special knowledge concerning it. Acknowledging, as we all must, the unquestioned importance of a suitable diet, it is a matter of surprise that in no medical school in this country, or elsewhere, that I know of, is there given a comprehensive course in dietetics. This is not to the credit of the profession.

Instead of discussing any of the statements contained in Dean Pearson's paper, allow me to refer simply and briefly to an investigation that I myself made some years ago. I was convinced from the theoretical standpoint that the tissues of living organisms must be more or less saturated with waste matter; and this waste matter must exist in the tissues before it was eliminated by the kidneys. Therefore, I was convinced that it could be found. My simple investigations were confined to beef, and I wish you all would attempt similar ones and see what you find. I took bits of fresh butcher's meat, bits of kidney and bits of liver. These fragments were put into fresh distilled water and allowed to soak, sometimes fifteen or twenty minutes; in one or two instances over night. Then the liquid was poured off and examined by an ordinary routine urinary analysis. I found in the specimens exactly such

waste stuff as I had been in the habit of finding in analysis of urine. I found more of the familiar waste products in the liver than in ordinary muscle tissue, and still more in the kidney.

At this time I was regarding meat as a nutritive substance. I had been brought up with the idea that meat was an absolute necessity; that people couldn't be well and strong without it; that meat contained certain things that we couldn't get anywhere else; that it was necessary to eat the juice of meat in order to produce good red blood. These investigations of mine were very simple, very primitive, but to me they were convincing. They convinced me not only that I could find these waste substances in meat, but convinced me also that I didn't want to put any of that stuff into my body. This was fourteen or fifteen years ago, and from that time to the present I have gotten along very well without meat as a part of my diet. It was a simple experiment in food investigation with a practical application.

As physicians, we all know that what we call urine is not a good food. We also know there are difficulties in getting rid of the waste products of life. We know that in the brain, the heart and the lungs, in the liver and muscles, in all parts of living organisms, there are physiological processes going on which result in the formation of wastes. Some of these wastes are distinctly poisonous. If we do not get rid of them we have trouble. The terms "uremic headache" and "auto-intoxication" are familiar to you all. It was because I found these various chemical wastes in my analyses that I was glad to discard meat as a food.

Food investigations have been conducted in many laboratories to determine what is called caloric values, and one of the mistakes universally made is that of confining the attention too closely to caloric value. I have here clippings from the daily press of articles on "How to Feed your Families" in bold headlines. Among other things, these articles contain tables showing the caloric values of certain foods. Most of the tables are attributed to Professor Langworthy of the United States Department of Agriculture. The calorie is said to indicate the amount of energy contained in food. That is wrong. A calorie is simply a heat unit. The term "caloric value" has assumed altogether too great importance in this question of diet. We have here the statement that the average working man needs a diet containing thirty-two hundred calories in the course of twenty-four hours; that the working woman, the average woman doing her domestic work, needs twenty-seven hundred calories of energy daily. Then follow tables showing that saltines have a caloric value of 2,005 per pound; doughnuts 2,000; chocolate layer cake 1,650; soda crackers 1,925. The casual reader naturally assumes that a diet of doughnuts, chocolate cake and oyster crackers must be a wholesome diet. If we know anything we know what abominable teaching this is. And yet it is teaching that is going out over the face of this country far and wide, because this is a syndicated article. We all know that a diet of doughnuts, chocolate cake, saltines and oyster crackers cannot maintain life, or make strong, healthy tissues. It is our duty as instructors of the public to give people a different idea of food values.

In the way of food investigation, one of the big things that the medical profession has done in the last few years has been to determine the cause of beriberi, a disease of prehistoric origin. Beriberi has killed thousands. It is a multiple neuritis, an organic disease of the nervous system, fatal in from forty to sixty percent of the people attacked. The cause of beriberi is nothing more or less than eating excessively polished rice (demineralized rice), which, by the way, is an absolutely pure food. It may be pure food, but it is death-dealing all the same. It is unquestionably pure in that it is not adulterated. It has a high caloric value, but it is absolutely incapable of sustaining life by itself, even with water.

Laboratory experimentation and clinical observation have determined this thing beyond a doubt. Reasoning by analogy, it is logical to claim that if eating demineralized rice is capable of producing a fatal disease of the nervous system, eating other demineralized foods, such as white flour, pearl barley, tapioca, hominy, etc., must be capable of producing disease, and enough evidence has accumulated to justify us in concluding that many of the diseases common to humanity are the result of man's deliberately demineralizing that food which Nature has supplied him in such abundance and variety.

Dr. Dieffenbach, New York: Demineralization is one of the subjects of immense possibilities. One of the most recent expositions of the effect between improper food and disease was the report made upon the condition of the German sailors who came in on two cruisers that interned themselves voluntarily a few months ago. The great majority of the sailors on those two ships suffered from beriberi. Captain Thierichsen, an able man, stated that if they had stayed out two or three weeks longer, they all would have been dead. They cured the great majority of those sailors by taking what is ordinarily regarded as a waste product, bran, making a strong solution and feeding at regular intervals, furnishing minerals which they had not been receiving for months. The majority of those sailors today are restored to health. These sailors had been fed for weeks on food from captured ships, patent flours, crackers, Argentine frozen meats. Towards the end, they had no liquids except distilled water. Beer, their national drink, which is wholesome from the fact that it contains a certain amount of minerals, was no longer available. In some of our communities, there are people who live on ordinary white bread, which instead of being the staff of life, is the staff of death, as it is almost pure starch and contains few or no mineral ingredients.

The question of demineralization has received much attention through the contributions in our own literature by Dr. Horace Packard, who showed the possible relationship between the lack of minerals in the food and cancer. The caloric theory should not be entirely discarded but should be distinctly modified so that we may also know whether the carbohydrate foods, the protein foods or the fat foods contain a *sufficient amount of ash*, the invaluable potash, phosphorus, sodium and other minerals necessary for the integrity of tissues. Animals fed on pure carbohydrates, pure proteids or pure fats invariably die rapidly, indicating that the mineral or tissue salts are indispensable

for tissue integrity and life itself. A strong protest should be entered against the refinement of foods; white flour, white rice and other "purified" foods must be considered dangerous foods unless there are added to them the *mineral salts* which the manufacturers remove in the process of milling. Fortunately, milk and fruits contain these salts and the addition to the dietary of fruit, jams, milk prevents the danger which the ingestion of these starchy foods carry with them.

Dr. Wilms, Cincinnati: The preservatives deserve some attention. We all know the metal salts are good preservatives. And we know that the salts of metals will produce eczema. Recently I was fortunate or unfortunate enough to produce an eczema on myself from aluminum. It started me on an investigation of the possibility of aluminum producing eczema, and I produced eczema on a number of people. Aluminum sulphate is used as a preservative of some foods. Zinc sulphate is also used as a preservative. It also produces a marked eczema.

Dr. Coleman, New York: Dr. Dieffenbach has touched upon the importance of the inorganic salts, and has mentioned the steamship Kronprinz Wilhelm. A few facts regarding those experiments may be of interest. No symptoms developed in the sailors until the two hundred and fifty-fifth day at sea. Before that time, if a report on the food that they were receiving had been made it would have been considered an ideal diet. On the two hundred and fifty-fifth day some of the sailors began to trip along the deck. They would look around to see what they had fallen over. After a time their ankles began to swell. Then they became emaciated and anemic. Their hearts dilated. This malnutrition progressed so far that in some the bones were affected and erosions occurred. The condition became so bad that they were obliged to make a dash for port. They had to take the chance of dying of malnutrition or dodge the English squadron. They made port with one hundred and ten sailors affected with profound malnutrition. Various scientists immediately went on board and made nothing of it. They pronounced it beriberi and various other things. The men were having little or no polished rice; they were having meat, white bread, potatoes, mashed potatoes (potatoes that had been deprived of the inorganic salts contained in the skin), butter, white crackers, sugar, canned vegetables in which the salts of tin were present and the inorganic salts had deteriorated. Up to this time no extensive experiments had been made to prove the proper diet and the relation of the inorganic salts to health. It was not until Mr. McCann of the Evening Globe, through a trick, gained admittance to the Kronprinz, that this matter was cleared up from the scientific standpoint. All this investigation was brought about by Mr. McCann, and he should get the credit for it. They did not admit newspaper men on the Kronprinz. Mr. McCann sent in the card of a physician. He was admitted into the midst of the so-called scientists. One of the physicians recognized him and wanted to have him removed. He put up such a fight that he stayed and the rest of the investigators left the ship. A talk with the surgeon convinced him of the real trouble. Eating of demineralized food had brought about an acidosis. This acidosis was drawing the inorganic salts from the tissues, thereby depriving the organism of very im-

portant elements. He convinced the surgeon of the truth of his conclusion and advised the remedy: Food containing inorganic salts, such as water in which the vegetables had been cooked, bran water, the yolks of eggs, whole wheat bread, orange juice. Out of one hundred and ten sailors stricken with malnutrition, only four did not recover.

During the building of a railroad from Bolivia to Brazil, a track between two and three hundred miles, four thousand men died from malnutrition, resulting from eating food deprived of inorganic salts. The monkeys in the neighborhood ate dates and other foods which these men passed by as being unfit for humans. Those monkeys lived, whereas the four thousand workers died.

Dr. Hanks, Chicago: In working out the problem of unpolished rice I tried in vain to get the crude rice from our city groceries. I had to send to Texas for the genuine article. The field of dietetics is scarcely touched. There is wide opportunity for valuable instruction.

Dr. Pearson, Philadelphia (closing the discussion): Mr. Chairman, I realize the magnitude of this subject and intended only that my paper should be suggestive. Certainly, there is opportunity for discussion still further than we have gone. First of all, in regard to a statement that protoplasm is the fundamental basis of matter. That is true in a measure, probably, but I like to consider life as molecular. The work of Dr. Vaughan has brought out very clearly the idea that the individual molecule, particularly the protein molecule, is so constructed as to contain many side chains analogous to Ehrlich's side chain theory of immunity. These side chains are in continual transformation. You might give a definition of life itself by saying that it is merely a continual variation in the protein molecule. Certain it is that the individual cell, which we say contains protoplasm, using that term collectively, consists of probably fifteen or twenty individual chemical products, which are different one from the other. So I would say, that protoplasm is not necessarily the lowest form of life. Biologically, I believe, we should start from the protein molecule rather than from the protoplasm, as we ordinarily understand it.

It is quite true that the caloric method of feeding has been overworked. The minimum amount of protein necessary has been stated rather extravagantly, about 118 grams. Chitenden of Yale has demonstrated over and over again that a man may live on half of that, sixty or seventy grams per day. Dr. Sutherland's arguments against the meat diet are commendable. Certain it is that those of us who increase our intake of vegetables do so to our own gain.

The discussion on vitamins was particularly interesting, especially as we have had examples of them. Nothing at all was known of the subject of vitamins until about 1880, when the Japanese, in their investigation, showed that polished rice was the cause of many of their troubles. Two especially meritorious investigations have been made on vitamins. One made by Suzuki, Shimamura and Odake (*Biochem. Zeit, 1912*), and others by Funk (*Jour. Physiol, 1912-1914*). These investigators have been successful in concentrating the vitamins and preparing the product, which is approximately two thousand five hundred times as concentrated, as it exists in the unpolished rice. By

feeding polished rice to pigeons, they have only been able to maintain them in health for a period of approximately three weeks. If they feed polished rice to pigeons and give the proportional amount of vitamins that they have prepared, they can keep the pigeons in perfect health almost indefinitely. The administration is made subcutaneously or through the alimentary canal. It is merely a question of getting a sufficient amount of this peculiar substance. We have not been able to classify it chemically. Possibly it is protein in derivation. Certainly it is a constituent absolutely necessary for our well being. In the discussion, no mention was made, I believe, of the importance of water. Water unquestionably is a most important food, as we can live only a comparatively short time without water. Whether or not distilled water is as dangerous as one of our members would have us believe, is questionable. Distilled water to my mind is a perfectly healthful food, providing inorganic salts are obtained from some other source. The inorganic salts are unquestionably necessary. In throwing away our potato parings, we eliminate a valuable source of mineral intake, and in our white bread we eliminate very largely the inorganic constituents which are valuable. Instead of considering that the food stuffs are composed simply of fats and carbohydrates and proteins, we must consider water as the most important of all foods, and also inorganic salts and vitamins and possibly a half a dozen other things with which we are unfamiliar.

In regard to the use of alum as a preservative, I only know of the experiments conducted by the University of Pennsylvania some two or three years ago. They were conducted with the idea of proving or disproving the reported harmful effects of alum baking powder. I think you will find that where aluminum is used as a preservative, it is used in the form of common alum, potassium aluminum sulphate. In perfect fairness, let me say that no food investigations have ever been successful where the food has been weighed accurately and the experiment conducted in a strictly scientific fashion. The psychic element, the fact that we enjoy our meals, is also important.

The Hospital and Laboratory. It is to the hospitals that we must look for aid on the one hand, and to the physiological laboratory on the other, to test by direct experiment the law of similars. Private practice is useless in this respect, unless poor, hard-worked doctors find time to collate and compare their results. This cannot be looked for; henceforth the superintendents, medical staffs, and interns of our hospitals should be instructed how to keep such records, and to collate them intelligently. But here, also, time and strength fail, for there are no idle persons in our hospitals; and it is earnestly to be hoped that special offices be created for this very desirable end.—*Principles Underlying Solution of Questions of Science. Conrad Wesselhoeft, Session of 1896.*

HIGH FREQUENCY CURRENTS: SOME PRACTICAL APPLICATIONS*

By William H. Dieffenbach, M. D.

Professor of Physical Therapeutics, New York Medical College and Hospital for Women

High frequency currents have, during the past decade, become very popular as therapeutic aids and a discussion of some of their practical applications seems opportune and may prove of value.

The high frequency currents date from 1890, when Professor D'Arsonval performed his classic experiments with alternating currents testing the effects of varying rates of frequency upon tissues.

With rates of alternation of less than fifteen times per second he produced clonic muscular contractions; with a frequency of twenty to thirty per second he produced a continuous contraction, or tonic spasm, simulating tetany. At about three thousand alternations per second the maximum intensity was reached and a further increase of frequency produced a gradual decrease in the strength of the contractions, until when ten thousand per second were reached *no apparent effect was produced either upon the motor or sensory nerves.*

A true high frequency current is one having at least ten thousand alternations per second with no sensory or motor effects perceptible to ordinary tests. The frequencies as furnished by most machines now sold vary from one hundred thousand per second to two million. Just as the eye does not perceive certain vibrations such as the ultra violet rays or Roentgen rays, and the ear fails to register certain vibrations, just so the sensory and motor nerves fail apparently to respond actively to these high vibrations of the high frequency currents. We know, however, from chemical tests of the urine, for instance, that marked catabolic changes are produced by these vibrations and that the nutritive or *trophic* centers are markedly affected by this current.

The effects upon circulation and nutrition therefore are the ones we can study most readily in our attempts to apply this electrical modality in therapeutics. In addition to these *trophic* effects, destructive and heat effects are produced by increasing the alternations and by concentrating the current through metal electrodes.

*Read before the Washington, D. C., Homœopathic Society, Dec. 4, 1915.

The three main types of high frequency currents are the Tesla, D'Arsonval and Oudin.

I. The Tesla has a higher voltage and frequency than the D'Arsonval and its action is different. It is usually employed monopolar by means of metal electrodes, or as a hyperemic or revulsive agent by means of metal cup electrode effleuve or glass vacuum electrode.

II. The D'Arsonval is essentially a bipolar current. It has a high frequency, high amperage and moderately high voltage. It is employed in three modalities: (1) Autocondensation; (2) Auto-induction; (3) Diathermic, derivation or thermo-penetration. Autocondensation is secured by interposing some dielectric between the current secured from one condenser and the second contact of the patient. The most popular and efficient device is the autocondensation couch, although the chair is found in many offices where space is at a premium. If possible both should be installed, for either may be called for in certain conditions. The couches used in my office are made of felt mattresses between the three-inch layers of which is a copper sheet six feet long and eighteen inches wide which connects with one condenser; the second condenser connects with the rheophore which holds the various electrodes to be applied. Auto-induction is secured by means of a cage solenoid in which the patient stands, sits or reclines. The patient is not in contact with the apparatus, the current being an induced one as can be demonstrated by placing a vacuum tube in the hands of the patient, when same will light up readily. This form of D'Arsonval current is utilized chiefly in cases of suboxidation such as obesity. The diathermic currents are produced by the direct bipolar application of metal electrodes upon the tissues, the vibrations and heat passing between and through the areas thus covered. Currents of 1500 ma. to 2 amperes can thus be applied. In administering these currents great care must be exercised to have absolute contact, for sparking will produce necrosis and painful wounds. These currents are very popular abroad and the scope of their application is increasing steadily. They produce marked hyperemia, bactericidal effects and sedation. Their use in arthritis, especially gonorrheal arthritis, neuritis and neuralgia is followed by gratifying results.

Since the discovery that intense heat has a devitalizing effect upon malignant tissue the combination of diathermic currents with Roentgen ray and radium, the former being applied as a preliminary and interval treatment, has received much attention.

My technic in many cases of malignant lesion is now modified to include diathermic treatment whenever possible.

III. The Oudin high frequency is a monopolar effect of high frequency secured from the helix of the D'Arsonval apparatus. It is chiefly employed for its local effect by means of the vacuum tube and produces marked hyperemia and a bactericidal action.

The indirect Oudin has been advocated by the writer for the destruction of small growths and the treatment of hemorrhoids. The technic consists in connecting the patient to the Oudin by means of a metal electrode and with a grounded electrode of metal well insulated in the hands of the operator approach the lesion to be treated with the point of the electrode until a discharge of sparks covers the area. When the parts turn white, contraction and sclerosis can be expected and small lesions like hemorrhoids, warts, moles, and other facial blemishes are quickly contracted. If necrosis or carbonization is desired heavy sparks and longer sparking must be utilized.

Fulguration is the direct sparking by means of the Oudin or Tesla current and can be utilized for destructive purposes over malignant areas. It is used in some hospitals as a postoperative measure after removal of malignant growths to prevent metastasis and destroy possible implantation of malignant cells. In using fulguration the patient must be well insulated and ether fumes must not be present.

In order to keep this paper within the limits of an evening's discussion, the writer will confine himself to the description of some of his own uses of the D'Arsonval autocondensation current.

This current, given by means of the chair or preferably by the couch, produces marked changes in metabolism. Catabolic changes are especially marked. There is increased oxidation, enhanced nutrition as a secondary reaction and a distinct regulation of the circulation.

If properly applied for from 20 to 30 minutes with 500-800 ma. there will be a glow all over the body with marked diaphoresis and distinct urinary changes. Any one doubting the action of high frequency currents, upon kidney function for instance, is invited to repeat the frequently reported tests upon the urinary tract, testing the same before and after treatment. The differences in specific gravity and various solids is surprising to say the least.

As a regulating measure upon circulation the tests made by

my associate, Dr. G. C. Dominick, were conclusive. Dr. Dominick a few years ago tested the effects of D'Arsonvalization upon the stomach digestion by giving the Ewald test meal to a number of students, having two competent pathologists report the findings and in a few days repeated the meal and gave one half-hour D'Arsonvalization and again had the tests made after the treatment. The report showed marked changes in fluidity and consistency of the meal and cases of hypo- and hyperchlorhydria were in each instance changed to normal. These important although apparently paradoxical series of tests proved that the vibrations of the current produced a normal tonus in the parts treated and that the claim for this current as a *regulator of circulation* was warranted.

The writer has utilized these facts in the treatment of gastric and duodenal ulcer, adding the high frequency current to the dietetic and neutralizing treatment so strongly advocated by Dr. Sippy* of Chicago. Dr. Sippy believes that the proven success of his technic removes many of these cases from the hands of the surgeon and a number of cases treated by the writer in recent years confirm this contention.

Briefly the technic in gastric or duodenal ulcer consists in arranging for a four or five weeks' treatment. Patient is placed in bed, receives a strict milk and cream diet, 4 to 6 ounces hourly during the day, and from 40 to 60 grains of bicarbonate of soda between feedings, the maximum neutralization being reserved for the night, when the acidity is greatest. Once a day, preferably in the afternoon, localized autocondensation is given over the affected area, 500 ma., for 30 minutes. Roentgenograms taken before and after treatment show improvement which corresponds with the improvement of the patient's subjective symptoms. Patients gain in weight, pain ceases and a gradual resumption of selected diet can be indulged in.

This treatment is strongly urged, especially where the question of surgery has been considered and its application rejected.

In goitre the high frequency current is a distinct boon. My technic consists in securing atrophy of the thyroid by means of massive Roentgen ray given once a month; in the interval the bipolar treatment with high frequency 500 ma. for 30 minutes, semi-weekly, assists in regulating the abnormal thyroid circulation. This treatment has failed in several instances; in these it was found upon operation that a colloid or cystic degeneration

*Journal A. M. A., May 15, 1915.

was present. All other forms of goitre, including exophthalmic goitre, are benefited by the above outlined technic.

In angina pectoris the use of autocondensation, with the flat metal electrode over the precordial area for 20 minutes, 400 to 500 ma., is a marked palliative. It relieves the anguish and tension, and delays the inevitable collapse for some years.

The benefits of hyperemia in tuberculosis of the larynx and lungs is recognized by all therapeutists. As an adjuvant in the treatment, I strongly urge the use of autocondensation. The treatment places the patient in a recumbent position upon the couch; with a large flexible metal electrode over the affected area, give 500 ma. for 30 minutes every other day. This treatment is particularly appreciated in pleuritic involvement. Pain is relieved and absorption is hurried.

In cholelithiasis, where operation is deferred or refused, high frequency is applied by means of the flat metal electrode over the gall-bladder region. It lessens the attacks and apparently relieves the cholecystitis which is often the basic cause of the colic.

Autocondensation can favorably influence arterial tension. It causes relaxation and general peripheral dilatation, and increased elimination of toxins and waste products. The urinary tests amply prove this statement. In my practice I treat these sufferers every other day, applying the treatment in a recumbent position through the hands or preferably over the solar plexus region. Five hundred to 700 ma. are applied for 30 minutes. The manometer shows changes in systolic blood-pressure of from 10 to 30 points, and while the tension may return in a few hours to almost the initial test, there is a gradual diminution noted after 30 days and in many cases a general improvement of circulation and health.

This treatment is apparently contraindicated in croupous or diffuse nephritis, where the tension or pressure is compensatory and treatment in my experience has not benefited the patient. I have found the treatment well tolerated in all other complications.

In gynecology the use of the high frequency current is indicated in many conditions such as mammary irregularities, dysmenorrhea, pelvic neuritis, ovaritis and cystitis.

The treatment of hemorrhoids and fissures is being taken from the surgeon, especially in incipient cases. In these lesions a glass vacuum electrode is applied in the lower rectum, giving 250 ma. for 20 to 30 minutes every other day and gradually dilating the affected area by increasing the size of the electrodes. External hemorrhoids are contracted by means of the Oudin indirect

spark. Short sparking until the parts turn white is the extent of the treatment.

The condition in which autocondensation has given intense satisfaction is in prostatic hypertrophy. We employ it in all cases where there is enlargement without abscess or suspected malignancy. In pus cases, the treatment is distinctly contraindicated. The technic consists in daily applications by means of a special insulated electrode giving 250 to 300 ma., for 30 to 40 minutes in a recumbent position. In aggravated cases, especially with complicating cystitis, a metal pad is placed above the pubes and the glass or aluminum electrode held in the rectum firmly against the prostate, thus giving a modified diathermic treatment. We have yet to see a case in which the excessive frequency of micturition was not improved. After a few treatments, patients who had been compelled to void many times during the night are reduced to one or two voidings and the voiding is no longer delayed or painful. I have tested out this treatment in cases where the gland was large, hard and fibrous. While in chronic cases the size is not much influenced, the general distress is markedly ameliorated. The gratitude of these aged sufferers after improvement fully warrants all the time and routine spent in these treatments. Treatment is given for 2 to 3 months.

Much has been omitted in this paper, especially the use of these currents in the specialties. A few words as to dosage must be given. It is imperative to know the amperage employed and in each apparatus a hot wire meter (as the best at present obtainable measuring device) must be utilized. In this way results can be duplicated and guesswork eliminated. The time and repetition of treatment are also obviously of importance and should be carefully considered. I recall a case of constipation treated by a colleague with 1000 ma. for one hour daily with resulting pseudoparalysis, or inhibition of intestinal peristalsis. The doctor assumed that if 500 ma. for 30 minutes was good, 1000 ma. for one hour would be better. In these applications it is well to remember the action and reaction, and difference in effect of moderate and excessive doses which is fully as well illustrated in electricity as it is in drugs.

256 West 57th Street, New York City.

SCIENTIFIC TEACHING IN MEDICAL COLLEGES: CHEMISTRY*

By J. C. Blake, Ph. D., Professor of Chemistry at Hahnemann Medical College and Hospital of Chicago

I think we can safely assume, for our present purpose, that a year's work in pure chemistry of college grade is the chemical entrance requirement to modern medical colleges of the first class, and that this standard will remain fairly constant for a number of years. The two principal variations to which it will be subjected concerns the classification or standardization of the cultural colleges and universities which hereafter, for the most part, will teach this subject to premedical students, and the question as to whether qualitative analysis is included in the first year's work in college chemistry. When you reflect that both the amount and the character of the work done under this head by colleges whose certificates are accepted for entrance to medical schools by the "powers that be" differ among themselves by more than fifty per cent, we recognize at once the absurdity of strict classifications of medical colleges which ignore this difference in entrance requirements, and meet with the first obstacle to our mutual agreement with regard to a uniform curriculum. It is my own opinion, so great has the confusion become, that all entrance to college should be by examination, even if the questions should be made out and the papers graded, in the case of medical schools, by the state authorities. My further discussion of this subject will be based on the assumption that the matriculate in medicine has a working knowledge of inorganic chemistry and qualitative analysis.

I think now that we can safely make a second assumption: that the student of modern medicine must devote part of his time to the study of quantitative chemical analysis, of organic chemistry, of physiological chemistry and of toxicology. These are essentials; all the frills and extras should be put in the graduate school, which, by the way, should be an integral part of every college of the first class. Medical Pharmacy is a part of Materia Medica.

With regard to each of these four essentials just mentioned, two questions at once arise: (1) To what *extent* should it be taught? (2) With what intensity? As I wish to discuss the

*Read before the College Alliance, Feb., 1916. *Symposium on Laboratory Teaching.*

latter phase of the subject somewhat in detail, I will pass rapidly over the former.

I believe the quantitative analysis required of undergraduate medical students should be a systematic course taught separately from any other course and including a working knowledge of the principles of stœchiometry, of the technic of volumetric analysis, and of the principal quantitative determinations used in clinical medicine. This course should extend throughout one semester, comprising both didactic and laboratory work.

The work in organic chemistry should be a separate systematic course, extending throughout two semesters and dealing minutely with the pure chemistry of substances found in plants and animals, with their theoretical setting.

The toxicology should not extend through more than one semester, and should deal primarily with the rapid detection of poisons by various simple tests and pronounced symptoms, together with the application of the proper antidote, including the use of the stomach tube.

The physiological chemistry—"Aye, there's the rub!" By merely noting the extent of this subject, we come at once into the midst of our second inquiry, How intensely shall we teach these things? Its elucidation in this case will throw light on the same question involved in the other subjects.

Eliminating the courses herein previously outlined, we find physiological chemistry as understood in medicine still commonly including some advanced organic chemistry, clinical urinalysis, and other phases of clinical chemistry, together with some pure physiological chemistry as at present understood. Pure physiological chemistry is a study of *all* the chemical changes taking place in the normal organism, primarily the human organism. Hence it is the foundation, rather late in building, of all scientific work in dietetics, pharmacology and therapeutics.

Hence a consideration of *how much* physiological chemistry we should require of undergraduate medical students brings us face to face with the question of intensity, since scientific clinical testing and knowledge of the chemical changes which take place in the body are both in their swaddling clothes, floundering around in the arms of Research. To double the accuracy of any determination requires in general a tenfold increase in time and labor. Must we put our students in a position to make all these determinations with precision? From the standpoint of pure science, and even of medicine as a science, to do so would seem a

blessing; from the standpoint of the average practitioner of medicine, now and as far as I can read the future, a curse. To do so would, in the first place, necessitate at least one additional year's work in each of the subjects, qualitative analysis, quantitative analysis and organic chemistry, and also, say, two years' work in physical chemistry. Scientific research, by which I mean the discovery of natural laws, is for the exceptional man, wherever he may be found and whatever his antecedents. Medicine offers no exception, and its research work will, I most firmly believe, be confined to graduate work in medical colleges having hospitals under their control, and to special institutions established for that purpose. To such hospitals and institutions all baffling cases should be sent.

Must we, then, turn the ordinary practitioner over to rule of thumb? I believe there is a better way, that the golden mean lies between these two paths, but that it can be followed only by a continual readjustment of these two sets of forces, owing to continual changes taking place in each. Instead of accepting either horn of the dilemma, and instead of vacillating blindly back and forth between the two, now subject to the gibes of the practical man, and now to the pitying contempt of the highbrows, let us take up an intermediate position for our undergraduate work, boldly, publicly, justified by such logic as we can command, and readjusted from time to time as experience may dictate.

This, you may say, is our present status; but I beg leave to differ with you. We may occupy an intermediate position, but we do not do so intelligently, nor do we readjust our position systematically. To develop (with your indulgence) a little more in detail just what I mean, I refer briefly to the subject of text-books for medical colleges. Today, in every phase of medical chemistry, we need a new set of text-books. I believe these books should contain, as nearly as can be ascertained, just what we wish the students to learn, without, however, prejudicing the custom, so happily in vogue in most institutions, of making side-excursions from the text and of giving outside references. Can any one write such text-books as long as the whole medical profession is in doubt as to what they should contain?

And so I come, finally, to the point I have in mind: Would it not be profitable for us officially as an organization, created, as I understand it, largely for just such purposes as this, to inaugurate a systematic discussion among all the colleges be-

longing to this Alliance as to exactly what should be taught in chemistry to undergraduate medical students, with the prospect that if we arrived at an agreement, we might adopt a uniform curriculum that would command, I believe, universal respect, and might also, possibly, at least in some subjects, put our labors into the form of text-books to be adopted by the contracting colleges, and to be revised periodically to meet the rapid growth apparent in every field of intellectual activity today. Each new college text-book that comes from the hands of an individual only makes us wish so much the more that some guiding angel had stood at the author's elbow. Coöperation in text-book writing has produced some of the most marked successes of the day. A similar campaign, I apprehend, might profitably be carried out in all other departments.

The Secretary of the Navy. He has established two of the finest Hospital Corps Training Schools in the world for the training of male nurses, and made provision for the increase in this Corps by nearly 11,000 men, an increase urgently demanded by the increase in the Navy, and has also provided a possible chance for members of this Corps to reach commissioned rank, thereby raising the efficiency and *esprit* of nearly 2,000 enlisted men in the Hospital Corps of the Navy.

He has authorized a Medical Reserve Corps, of the best medical talent that our country can furnish, to be ready to come to our assistance in time of need, and to prepare this group of the Naval Medical Corps is initiating a correspondence school that shall give these officers a training and working knowledge of their work when called upon. Realizing the great lesson to be learned from the present European War, he has detailed a number of our best officers for duty in Europe, as observers, and the excellent results already show in the report of Surgeon Fauntleroy, whose work has added greatly to the professional knowledge of all who are interested in medico-military matters and is a credit to our service.

How is it that the head of the Navy is so sanely interested in our work, and seems to comprehend our needs often before they are presented to him? The solution lies in the fact of his education along medical lines. This comes, I feel sure, from the association with medical men of great worth and ability. Where has he had this association which has taught him the importance of medical work in the welfare of the nation? From all I can learn, it has come from the intimate friendship and association of his family medical advisers. —*Braisted*

CLINICAL TEACHING*

By Ralph H. Stewart, M. D., New York City

I shall not take time arguing the advantages of Clinical Teaching in Medical Education, nor what constitutes true clinical teaching. I attempted to discuss these phases of the subject at our meeting last year, and I shall assume that we are all agreed upon those points. The mandate has gone forth that medical colleges shall devote a large amount of time in the third and fourth years of the course to clinical teaching, so our problem is to devise ways and means to meet the requirement in a satisfactory manner. The amount and character of this work have been prescribed by the Council on Medical Education of the A. M. A. and, if I interpret correctly the signs of the times, it behooves our institutions to not waste energy kicking against the pricks, but to fall in line gracefully and try to come up to these requirements: first, because we must; and second, because it is the logical course, judged by any standard, pedagogical, utilitarian or otherwise. The old method of teaching medicine exclusively by lectures and mass clinics is in the discard, so let us pay a passing tribute of respect to a system that accomplished much in its day and generation and march on with the procession to newer, and let us hope, wiser and better ways of teaching students the science and art of medicine.

Osler, in his article in International Clinics on "The Coming of Age of Internal Medicine in America," says of Clinical Teaching:

> "The greatest single change has been the reorganization of the practical subjects on university lines, making surgery, midwifery and the other branches as much departments as chemistry and botany.
>
> "Now it is everywhere recognized that a clinic must be run as is any other scientific subject, with a head, a staff, a budget, and laboratories. At last it has been acknowledged that the medical student has rights in wards and laboratories and out-patient rooms, as well as in the amphitheatre, and that he is part of the working machinery of an up-to-date clinic."

My wish is to bring before this meeting for consideration the recommendations of the committee of the A. M. A., as set forth in its "Preliminary Report on the Reorganization of Clinical Teaching," and for this purpose I shall review the report.

*College Alliance, Chicago, Feb. 8, 1916. *Symposium on Clinical Teaching.*

1. Adequate Hospital and Dispensary Facilities

In the language of the report, "A properly equipped hospital is an essential part of the first class medical school, which should have absolute control of the medical management and beds. A small hospital so controlled by the medical school has a much greater educational value than a large hospital, in which clinical teaching is embarrassed by political and other disturbing factors. If the medical school cannot build and endow its own hospital, it should establish a relationship whereby some hospital already built and in operation may be attached to its teaching equipment."

"A clinical class (seniors) of one hundred students, or less, should have a hospital of a minimum of 200 beds. This minimum cannot well be lowered, because otherwise there will not be the essential variety of patients from which selections may be made. There should also be an out-patient department of at least 10,000 patients, or 50,000 visits annually."

"With three main departments, the 200-bed hospital would afford 75 beds for general medicine, including neurology, pediatrics, and dermatology; 75 beds for general surgery, including departments of the eye, ear, nose and throat, genito-urinary diseases and orthopedics; 50 beds for obstetrics, including normal infants and gynecology."

"This minimum-bed hospital for one hundred students could, with advantage, be doubled or trebled for the same number of students by the schools which could financially afford it."

"The hospital should be in close proximity to the medical school and should possess the necessary auxiliary departments, to-wit: A clinical laboratory, a Roentgen-ray department, a bacteriological laboratory, a laboratory for metabolic investigation (physiologic chemistry), and space for the installment of apparatus for investigating cardiovascular diseases and the organs of special sense. The dispensary should include all the departments of medicine and surgery, general and special, and should be in intimate and harmonious connection with the wards in the hospital, to which may be referred patients whose diseases or injuries can not be managed satisfactorily in an ambulant service. In each such hospital, or at least in the out-patient service, there should be a fully organized social service department."

"For adequate clinical teaching in obstetrics and gynecology, of the beds assigned for this purpose (preferably 100), two-thirds should be devoted to obstetrics and one-third to gynecology."

"For the teaching of the specialties, such as ophthalmology, otology and rhino-laryngology, large ward accommodations are not so essential, since satisfactory instruction is easily accomplished in the out-patient department of these specialties."

I do not see where there should be any quarrel with the committee on its recommendations of "Adequate Hospital and Dispensary Facilities." All of us acknowledge the necessity of a hospital and dispensary, wherein the medical management and beds are under the absolute control of the college. Those colleges which are not so blessed, should strive for such control, for until it obtains, the clinical teaching will be seriously handicapped. The size of the hospital and the dispensary is none too large to give the essential variety of cases, though the number of students to be served has also to be considered. A student should have charge of five to ten cases, varying with type of disease or injury. Fewer than five cases gives time to loaf, more than ten cases is beyond the possibilities of thorough work. In the dispensary, 10,000 cases would be about 33 new cases a day. One new case a day is quite enough for each student. In addition to his new case, he will see each of his return cases.

2. The Necessity of Adequate Financial Income for Good Clinical Teaching

If we accept the proposition of Osler that "a clinic must be run as any other scientific subject," then we must admit the necessity of adequate financial income for good clinical teaching, for salaries of teachers, technicians and helpers, for supplies, new apparatus, books, etc.

A volunteer staff, in the very nature of things, cannot give the necessary uninterrupted time to the work to produce more than mediocre results in clinical teaching. Full time men in laboratory branches are demanded and we admit the reasonableness of it; but the idea that the clinical departments can be best served by men who are in touch with general practice is quite commonly held.

From an unfortunate experience with volunteer workers in clinical teaching, we have come to believe that this work must be largely done by salaried teachers. With one experienced man in each department to direct the work of the clinical clerks and to instruct the interns, the routine may be handled by young men just out of hospital, who will be satisfied with a small salary and the opportunity to perfect themselves in the work. This director should be a resident physician of the service and should serve

an indefinite period. A salary of modest proportion would be acceptable to such a man whose chief ambition would be to gain a broad experience in the department. The experience seems to be general that this resident physician is the crux of undergraduate clinical teaching by the clinical clerk system. With a resident physician to direct and instruct them, the interns will be able to help materially in the supervision of history taking and physical examinations by clinical clerks. The intern must know the clinical history and physical examination of the cases in his service; with such knowledge, he is the very one to direct the clinical clerks in taking the histories and making the physical examinations. Unless the interns are given this work to do, they will soon cease to know the histories and physicals of their cases, for the clinical clerks will of necessity work out and record the clinical findings of the patients. One of the hospitals of our city objected to the clinical clerk system in their wards, because it deprived the interns of the incentive to work out the clinical histories and physical examinations of their cases. Using the interns to help the clinical clerks removes this otherwise legitimate criticism of the clinical clerk system in a hospital from the standpoint of the intern. As an economy, most of our institutions will be forced to utilize interns and young men just out of hospital or college and endeavoring to make a start in practice, to whom a nominal sum for their services would be a real godsend. This financial necessity is by no means an unmixed evil for, in the first place, it will help young men to get started in their career and, secondly, it gives us clinical instructors who are sufficiently pliable to be fashioned under guidance to present day teaching needs. The report says, "In developing satisfactory clinical staffs it may be necessary to take young men and train them, beginning with small salaries, because men of desired experience (worth from $1,500 to $3,000) are sometimes difficult to obtain."

The committee's estimate of a minimum annual budget for a clinical class of 200 (100 seniors, 100 juniors) is $75,000 to $100,000, which would be apportioned as follows: $30,000 to $40,000 to surgery, the same to medicine, and $15,000 to $20,000 to obstetrics and gynecology.

The organization of the clinical faculty for the school and hospital unit and the disposition of the budget may be illustrated in the medical department as follows:

1	Chief or Head of Department	$ 2,500 to	$ 5,000
1	Associate or Assistant Clinician in Hospital	1,250 to	2,500
1	Associate or Assistant Chief of Clinical Laboratory	1,250 to	2,500
1	Associate or Assistant Chief of Out-door Department	1,250 to	2,500
1	Resident	600 to	1,200
4	Interns	.....	.....
1	Associate or Assistant in charge of Research Laboratory	1,250 to	2,500
1	Biochemist	2,000 to	2,800
33	Senior Clinical Clerks	.....	.....
	Stenographers, Artists, etc	3,000 to	5,000
	Dermatology, Head and Assistants	2,500 to	5,000
	Pediatrics, Head and Assistants	2,500 to	5,000
	Neurology, Head and Assistants	2,500 to	5,000
		$20,600	$39,000

"The organization and disposition of the budget of the surgical and obstetrical departments would be practically the same in principle, with differences in detail."

The above represents an ideal clinical faculty and budget. While striving for the ideal, we shall try to do satisfactory clinical teaching with the best facilities of men and means which we can muster.

3. The Place in the Curriculum To Begin Prescribed Clinical Instruction

Two years is none too much time for the preclinical branches. It is desirable, however, that students in the latter part of the second year have a short course in physical diagnosis on the normal individual, a course in minor surgery and bandaging, and practical drill in clinical laboratory work. This will insure a better understanding of the clinical work to be undertaken the third year.

The third year clinical work should be carried on in conjunction with systematic theoretic study of these branches in formal clinics, lectures, and recitations, in which will be given new ideas as well as long-established facts. The third year clinical work can best be done in the out-patient wards.

The theoretical work in all clinical branches should be finished if possible in the third year, so that the students in their

fourth year may become, as clinical clerks, an integral part of a working hospital.

4. Use of the Dispensary

Abundance of out-patient material is most valuable for teaching purposes. It should be used for teaching the students physical diagnosis, clinical history taking and therapeutics of the lesser medical and surgical ailments. It should be used by the staff for study and research.

Material for the second year introductory course in physical diagnosis, which embraces the normal sounds with something of their relation to the abnormal, and the third year advanced course in physical diagnosis, which embraces the pathological conditions, should be drawn from this source.

Eye, ear, nose and throat can be satisfactorily taught from the out-patient material.

The obstetrical clinic should be used for ante-partum diagnosis, and the gynecological clinic for teaching diagnosis and local treatment.

5. The Organization of the Hospital Unit

It is important that all the divisions of a hospital service be housed in one building, wards, history and examining rooms, clinical and research laboratories, conference rooms, etc. Each department should be a complete unit, independent of all others. Other departments may be called upon to aid in investigating border-line subjects. The larger subjects which interest various departments may best be handled by departmental conferences.

As to the most advantageous size for wards, the large ward, of about 24 beds, has been found the most convenient, all things considered. It allows of an economical distribution of nurses and renders easy the supervision of the work of the clinical clerks.

A hospital of 200 beds (actually 192) would contain 8 such wards, divided as follows: 3 wards (72 beds) each for medicine and surgery; 2 wards (48 beds) for obstetrics and gynecology.

The ideal staff for such a service would consist of the professor in charge, who would direct the service; one first assistant and two second assistants for each 48 beds. Under these men, who would reside outside of the hospital, there would be a resident staff of one physician for each 48 beds, and two interns and 6 to 10 clinical clerks.

The first and second assistants would, in addition to their work with the fourth year men (the clinical clerks), take care

of the theoretical and practical work in the third year, and the preliminary work of the second year. One of the second assistants, with his other duties, would have charge of the dispensary, thus linking that department to the wards of the hospital. In addition to this director of the dispensary service, there would need to be a number of extern assistants to take care of the routine work.

6. The Utilization of Students as Clinical Clerks in Hospital Wards

"The clinical clerk system," says the report, "is the best for training undergraduates in clinical branches, provided their work is properly supervised by a senior resident physician, an instructor or a demonstrator." Experience has shown that without such careful supervision this work is of very little or no value. Careful observations with accurate records of findings must be secured, hence the supervision must be intelligent, by those with an intimate knowledge of the patients as well as the ability to inspire the clerks to diligent investigation of the cases allotted to them. The clerk must be given responsibility in the ward and must be held to a strict accountability. He studies his patients not alone in the wards, but also in laboratories, operating rooms, and library. In fact, he is to gather all the data from which may be deduced a diagnosis, and he should also be prepared to suggest means of relief. In this study of his cases, the clerk is guided by assistants in the service, and when his study is completed and a record of his work set down, the professor takes him in hand and catechizes him upon his findings and he must defend his position. This is the system devised and perfected by the English hospitals and it is well worth one's time to make a careful study of the clinical system in vogue in England. Those who are interested could read with profit Abraham Flexner's article in the *Atlantic Monthly,* October, 1915, on "The English Side of Medical Education," also his report for The Carnegie Foundation contained in *Bulletin No. 6* on *"Medical Education in Europe," chapters VII, VIII and IX.*

The student, as clerk, applies his theoretic and practical knowledge of medicine, surgery and obstetrics, obtained in his early years of training. Hence, it follows that the theoretic and practical ("practical" referring to his laboratory manipulations) should be completed before he enters upon his clerkship. He must have time to follow his cases; if he is frequently called away from his work to attend lectures, the necessary orderly

sequence of his study is broken and he is furnished with a good excuse for failure to do his work creditably. It is therefore most important that this work, in order to succeed, should be free and unincumbered by routine class room and laboratory study.

7. Utilization of Special and Extra-Mural Hospitals

Extra-mural hospitals situated within easy distance of the medical schools, may be used for clinical clerk training, provided volunteer instructors from the staff of the hospitals are available who have the time, training, and disposition to do the work. Such instruction, however, is quite commonly desultory and irregular, so that the students soon lose interest and fail to attend. These instructors, to make the instruction worth while, must be members of the college staff and be appointed by the college and work under the direction and inspection of the professor in the department. In fact, it may be stated as a principle that only hospital wards under the control of the college should be used for undergraduate clinical teaching.

Special hospitals may be most useful to illustrate types of cases not usually found in a general hospital. These cases are best used in clinical lectures.

Special extra-mural hospitals are valuable as a field for post-graduate study and a training ground for young men who are or may become clinical teachers in the college.

Hospital boards, as well as the general public, are coming to find that college affiliation benefits the hospital, the patients, and the public.

8. Departmental Coördination of Teaching

Every subject, laboratory or clinical, in a medical curriculum has practical application in the study of disease. There is an interdependence of each upon all the others. A student should not be allowed to feel that any subject, when finished, is a closed chapter, only to be resurrected in time to pass an examination upon it before a state board. Every subject should be presented in a way to show its application and relation to the others in the course.

With proper coördination of courses, much repetition would be avoided and, still better, the student would get the instruction and its practical application in logical sequence and would be helped thereby to a better understanding of both. For example, the anatomy and physiology of the liver could be most intelligently presented with the study of liver diseases. Anatomy and

surgery should be combined in the study of fracture and dislocations.

Such coördination of subjects should be arranged by conferences between the heads of departments, between the chief and his associates in the department, or by arranging beforehand syllabus of courses to be given, and by interchange of hours in the different chairs. Some colleges have arranged combination courses to meet this condition.

The clinical clerk should not only be welcome, but should be encouraged to go to any department where he may receive intelligent help in his clinical studies.

Coördination of subjects should, therefore, save much time by obviating repetition of subject matter and render much more efficient instruction, in that facts would be presented at the time when their application is needed to round out the subject.

9. Limiting the Practice of Clinical Teachers

Johns Hopkins Medical School and, I believe, one other are trying the experiment of providing full time teachers in clinical branches. However, the majority of medical colleges, I fear, are endeavoring to carry on clinical work with teachers who are so busy with private practice that their students get the grudge end of their time.

The first plan seems ideal; whether it will prove so seems to be doubted by many whose judgment seems worth while. Osler says, "To have a group of cloistered clinicians away completely from the broad current of professional life would be bad for teacher and worse for student." If, however, the method were the ideal one, the expense would render it prohibitive to most schools. I am firmly convinced, however, that most of our clinical work will have to be done by salaried men who will give to it regularly a considerable amount of their time. These men who are selected for this work must have a natural bent for or must be trained in teaching and must love the work. Their education must have been broad and liberal along research lines so as to render them resourceful and productive teachers. With enough of this type of young men, our clinical teaching will develop apace with the laboratory subjects and our students will receive such a training as will send them forth into the professional world equipped to render real service to the cause of medicine.

Many of the suggestions and recommendations of this report may seem extravagant and unnecessary in order to obtain good

results in clinical teaching. The recommendations for the improvement of the laboratory branches which were promulgated some years since seemed to many of us extreme, but they have proven wise and fundamental and have materially bettered the work in the laboratory branches. We may accept with reluctance these changes which seem to the powers that be essential to the improvement of undergraduate clinical instruction, but when we have gotten away from the mass clinic and the formal lecture and down to individual instruction, it will be proven to us that these new ideas are in the line of progress.

Professor Welch of Johns Hopkins said, in discussing the committee's report, "There is little conception in this country of what a great medical clinic means. There is no other department in the medical school corresponding in breadth and importance to it. It is the backbone of the medical school. The time has come when it is quite impossible for a man who is in charge of the work of a medical clinic to be also engaged in a large outside practice."

TEACHING OF CLINICAL SURGERY*

By Chas. E. Kahlke, M. D., F. A. C. S., Chicago

The medical school should give the student the maximum return for his time investment. To this all unnecessary and elaborate details should be eliminated.

The college should have two objects in view: first, to give the student the most practical working knowledge of medicine; second, to inculcate in him the spirit of research, the lust for knowledge, in order that he will practice medicine as a profession, rather than ply it as a trade.

Thorough grinding in basic principles, and endless drill in applied anatomy, physiology and pathology, not in the abstract but actually applied, clinically, are imperative. Objective teaching is the only practical method for students. There should be a special drill on all these objects which may lead to early catastrophies.

The general amphitheatre has very little justifiable demand for it now-a-days, for undergraduate teaching.

*Abstract of paper read at the College Alliance, Feb., 1916. *Symposium on Clinical Teaching.*

Besides work and careful comparison of postoperative or postmortem findings with the preoperative or antemortem diagnosis adds life to the teaching and develops a wholesome spirit of rivalry in diagnosis, while routine written histories, and routine examinations must be insisted upon in every case, in order to develop a system, so necessary for good work.

CLINICAL OBSTETRIC TEACHING*

By Gilbert FitzPatrick, M. D., F. A. C. S., Chicago

The obstetrics of today clearly represent the trend of the hour: to wit, the law of supply and demand. There is no better midwifery practiced in any community than is demanded by the people of that community, whether it be in the latest and best approved newly constructed maternity hospital, or in the hovel of a crowded tenement district; whether it be in the city, hamlet, or country farm-house.

With our large immigrant population, there has come to this country that foreign born institution, the midwife; and just as squalor and poverty give way to education and opportunity, so shall the ignorant midwife and poorly equipped doctor give way to the trained and intelligent physician-obstetrician.

As each succeeding generation rises higher in the scale, so shall we find the demand growing higher for a better standard of obstetrics. The midwife should be abolished, yet the only legislation that can be effectually enacted must have for its foundation principle, education. Two standards for the practice of obstetrics cannot be enforced, therefore the one must be tolerated until such time as there is sufficient enlightenment to create a demand for better teaching and practicing of obstetrics. The "modern obstetrics" of today will not be the "modern obstetrics" of tomorrow.

Inasmuch as there is no universal or popular demand for good obstetrics, it is most difficult to improve the quality of the teaching beyond a certain point. It would thus appear that the standard of obstetric teaching is low because the standard of obstetric practice is low, and unfortunately this low grade work is not always due so much to ignorance among medical men as it is to carelessness and indifference on the part of those who know

*Read before the College Alliance of the A. I. H., Chicago, Feb. 8, 1916. *Symposium on Clinical Teaching.* Schedule in lantern slides.

better. The returns for the necessary time and effort are so inadequate that obstetrics in the hands of otherwise competent physicians is often not well done.

On the other hand, the patient is more often ignorant of what today constitutes good obstetrics; the physician, therefore, does not acquire a knowledge which he feels he will not use; and not being forced into a position of higher efficiency in his work, he has come to dislike it, puts little time and study upon it, and asks in the way of compensation just what he feels he can get. Therefore, again I say, good obstetrics is dependent upon a demand, and the demand can only come from an educated lay public.

Just as the farmer prepares for the coming season, or the merchant anticipates new and growing business, so we as obstetricians must plan to meet a future demand for better obstetrics. The college, and especially the teaching staff in the department of obstetrics, must awake to this fact and equip themselves to meet this approaching situation. There is no medical college teaching an ideal course in obstetrics, yet at Hahnemann we are endeavoring to place the work upon a high standard, and teach the student useful obstetrics consistent with a practical technic. The acme of any education should be to develop the power of reason; to teach the student to think.

The early text-book title, "Science and Art of Obstetrics," now more frequently referred to as "Principles and Practice of Obstetrics," assumes that the subject is made up of at least two distinct features: the teaching of the science is largely in the abstract and has to do with ideals, with theories, principles and fundamentals; whereas the teaching of the art has to do with the concrete, the application of the principles involved in the science. Much of the science is abstruse and difficult of comprehension, while the art has to do with actual things and deals with that which is possible of accomplishment. Yet the science is most essential. The ideal would be that the seeker of truth, the student, should see such truth, for its own sake, but alas! the average immature mind requires some physical manifestation, some inspiration to hold its attention.

The science and the art of modern obstetrics cannot be separated with advantage in their teaching; didactic work is essential to a foundation; the theories and principles must be expounded in such a manner as to arouse a growing interest within the mind of the student; the topics must be presented in chronological order, and when illustrated with drawings, charts, manikins, museum, lantern and moving pictures, will establish the connec-

tion between the science and the art; the student is thus brought into an understanding of the latter in advance of his bed-side and clinical instruction.

Didactic and recitation courses are taught in the sophomore and junior years. The seniors are being coached in the practice of obstetrics. The clinical records, including all examinations of urine, blood, vaginal secretions, etc., measurement of the pelvis with the pelvimeter, position of fetus in utero, condition of the heart, lungs, muscle and nervous systems, must be kept by the student to whom the case is assigned. The type, character and nature of the labor and delivery as well as the weight, measurements and condition of the fetus is also noted and recorded. This individualization of the patient, with daily bed-side visits during convalescence, under staff supervision, we believe offers the best opportunity for training and learning in the science and art of obstetrics.

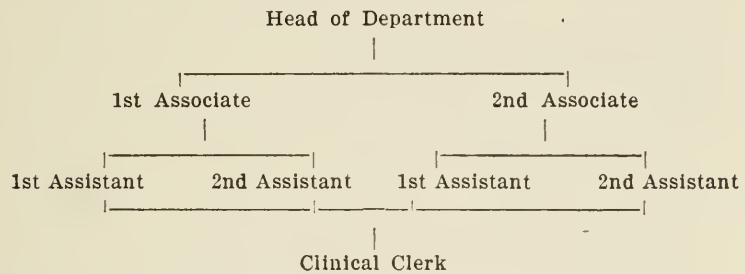
To summarize the purpose of our curriculum: (1) A study of the science of obstetrics; (2) A study of the art of obstetrics; (3) A study of the individual patient (in the dispensary and ward clinics); (4) To develop the "Obstetric Conscience" of the student, based upon knowledge and how to apply it. In our effort to elucidate the advantages of bed-side instruction we do not wish to be understood as minimizing laboratory training in the teaching of obstetrics. The one is absolutely essential to the other. The whole curriculum of medical schools is rapidly being readjusted to educate the students as individuals and to make the course one of real educational value. It is experience that teaches a man to think. Diagnosis has its roots deep in biochemistry and physiology; and laboratory, in conjunction with the physical findings, is proving the scientific advancement of obstetrics.

In addition, the senior class and the obstetric teaching staff are organized into an obstetrical society; meetings are held once a month; eight-minute papers are presented as theses by three students and one instructor upon some subject selected and treated as a symposium; the subject is then open for general discussion. In this manner the student is taught to search the literature and present his subject in open debate; should his thesis be acceptable to the teaching staff at 100%, he is given credit of 25% upon his year's work in the department.

It must be understood that we are not trying to make a specialist out of the student, but to train him to be a first class, high grade, general practitioner of obstetrics. We believe an intern-

ship highly essential to a medical training, and a few more years will undoubtedly find it a requirement for licensure. Also, the specialist will have served an apprenticeship of two to five years as an assistant.

Obstetric Schedule



Sub-class—4 to 6 Students

HOURS AND EQUIPMENT:

Didactic .....120 hours
Conference, manikin, etc..... 30 "
Antepartum and ward walks..... 30 "
Labor .....Extra.

SPECIALLY EQUIPPED ROOM:

Containing charts, manikins, books, specimens, black-board, instruments, etc., for conference course (sub class) instruction.

Subjects of Instruction and Review

Monday. Aseptic technic. Care of new-born. Asphyxia. Ophthalmia neonatorum. Sudden death. Collapse of mother. Infant feeding.

Monday. Pelvimetry. Deformed pelvis.

Tuesday. Diagnosis. Position, period, etc. Infections, Mastitis, Phlebitis, etc.

Tuesday. Craniotomy, Pubiotomy, Episiotomy, Cesarean Section, Rupture of Uterus, etc.

Wednesday. Laboratory findings: Urine, Blood, Secretions, etc. Toxemia, Pregnancy, Insanity, etc.

Wednesday. Version: Indications, Method. Braxton Hicks. After-coming Head, Prolapsed Cord, etc.

Thursday. Forceps: Low, High, Applied to Posterior Occiput, Face, Brow, Deep Transverse, Arrest, etc.

Thursday. Interruption of Pregnancy, Abortion, etc. Premature Delivery. Abruptio Placenta. Ante- and Post-Partum Hemorrhage.

Friday.

ANTEPARTUM:

Physical Examination:

Noting general condition of patient, Examination, Urine, Blood, Vaginal Secretion, Blood Pressure, etc.

Abdominal Palpation:

Noting position, Height of fundus, Probable period, Fetal heart tones, etc.

Pelvimetry:

Spines, Crests, Ext. Cong., R and L. Oblique, Michaelis Rhomboid, Posterior Spines, Inter-Ischiatic and Diag. Cong.

Management of Pregnancy:

Diet, Remedies, Exercise, Clothing, Bowels, Kidneys, Bathing, etc.

LABOR:

Diagnose True and False Labor.

Diagnose Position and Presentation.

Mechanism.

Management and Recognition.

1st, 2nd, 3rd Stage.

Anesthetics in Labor.

Perineum:

Protection. Repair.
Epiiotommy.

Delivery:

Baby—Induction respiration, Care of Eyes, Cord, Examination, Weight and measure.

Placenta—Examination, Weight, etc.

PUERPERIUM:

Daily Ward Walks.

Noting:

Pulse, Temperature, Respiration, Expression, Tongue, Breasts, Abdomen, Fundus, Vulva, Lochia.

Bed Side Notes:

Diet, Fluid taken, Defecation, Sleep, etc.

Exercises—(Illustrated.)

Final Examination:

Involution, Position uterus, Condition Perineum, etc.

BABY:

Daily Visit to Nursery.

Nursing, Weight, Eyes, Cord, Bowel Movements, Sleep, Bathing, Temperature, Skin, etc.

Ellen Wilson Homes in Washington. Congress has enacted a law which goes into effect on July 1, 1918, according to which all the alley dwellings in the District of Columbia must cease to be used for dwelling purposes. Meanwhile, in order that there may be accommodation for those who will be forced to seek new homes in street houses, there has been organized a limited dividend company which is to build houses that will be not only sanitary, that will provide not only abundance of light and air, but houses attractive architecturally, homelike in their arrangements and containing bath rooms and provisions for hot water in place of the old out-door closets and hydrants.

Such houses as these are limited in dividends to five per cent net. To their tenants they will give relief from preventable sickness and death and an increase in the joy of living.—*Health News, Public Health Service.*

THE TEXT-BOOK OF MATERIA MEDICA*

By C. E. Hetherington, M. D., Piqua, Ohio

Intimate contact with medical students generally reveals at the present day, as it did during my own student days, a disappointing lack of familiarity with the Homœopathic Materia Medica.

It has been forcibly brought to my mind that something certainly must have been wrong with the powers of mental assimilation while in college, because so much of our knowledge is either vague, or, what is worse, badly arranged in our memories.

A number of years of retrospect, and a careful consideration of the causes of my own failures as well as the apparent or supposed failure of others, leads me to believe that the fault is largely that of the text-books, not only the text-book of materia medica, but those of many other branches as well.

My only excuse for being here today is that I have an opportunity to champion the cause of the down-trodden student and to tell you not *how much* to put into a text-book, but rather *how little,* and not what, but what not to put into it.

Hereinafter I wish to present to you the problem of learning the materia medica, not from the standpoint of the teacher, but from the standpoint of the student, which I still am, and of one in whose mind the trials and hardships of the student in the Materia Medica class are still vivid. What I shall say here, believe me, I say in no unkindness or criticism of those grand men who were my teachers, but in the spirit of one who believes that the method, or the lack of method in the presentation of the subject is at fault. Incidentally the faults of this system of teaching are just as true of any other branch of study in the medical school.

The primary misconception on the part of the instructor is the presumption that he is addressing men of mature mind, men of trained intellect, men trained in the feats of memory. The hard truth of the matter is that the average medical student is not mature mentally, or his maturity has been attained in other lines, which is just as bad.

The medical student is a beginner, and he needs to be handed his subjects as he was given his subjects in the primary class of the public school. The freshman hears many

*Read at the College Alliance, Feb., 1916. *Symposium on Materia Medica Teaching.*

a learned lecture on materia medica that does not mean a thing to him and therefore his attitude toward it in the future is likely to be one of stubborn indifference. I have gone from many a lecture dizzy with the effort to snatch a few truths which were thrown over my head; tried to reduce a few jumbled thoughts to writing, that I might carry them home and digest them, but, alas, the logic of it all was gone; only here and there a piece, a fragment of something valuable remained.

I have known many a classmate, who, listening to a lecture, held his pencil poised in the air until now and then some hard and simple fact, which appealed to him as a pearl of great price, came from the lips of the lecturer, and he wrote it down in full, not hearing a word that was said for five minutes afterward. His hope, however, lay in the fact that when he got back to the precincts of his study the whole truth would be gleaned as with a scythe from the ripe fields of his text-book. But there's the rub. And what a text-book! The vast learning of great medical minds gathered together, 1,200 pages, a veritable storehouse of wisdom, attractively bound, good type, etc., and on the title page, seductively set forth in large letters, the appealing fact that this work has been especially written for student, meaning himself, of course, and practitioner, meaning himself again, afterwhile. And he reads this grand materia medica or other medical text-book, and here and there he sees and grasps again the facts that the lecturer set forth. Still he reads on. Much confuses him, but he will learn that after a while, and he stops and closes the book, exhausted and discouraged by the inadequacy of his efforts. He feels badly. He has, as it were, mental indigestion. He has bitten off too large a chunk, which he can neither masticate, swallow, digest nor assimilate. And then the clock! Midnight and only one subject. He had intended to read up on six other subjects that night, and lectures begin at eight-thirty in the morning.

Another fact appalls him, too. He is a freshman. Yet before he has had a lecture on disease he has been handed the instrument of cure, the materia medica.

What is he learning in the other classes that helps him to apply his materia medica? Has he had a single primary class lecture on practice or disease? Not a word will he get, unless he steals it, until his junior year. Along with materia medica

he gets histology, physiology, chemistry. In his sophomore year more materia medica, but no knowledge of disease. He is studying pathology and pathological anatomy now; the cart before the horse again. And he's got a three volume work on pathology, too. He knows the look of the lung in pneumonia, but he hasn't had a word on the disease as yet. By the time he is a junior, practice, surgery, etc., things that sound worth while are on. The drudgery of the laboratory is over. He retains a few good microscopic slides of pathological specimens and bacteria and will perhaps look at them again some time after he has learned a little more about disease. And then materia medica in the senior year. He is too busy with the other subjects, hospital examinations, etc., to give it much attention, and he knows that State Boards are not going to hold off on a little weakness in materia medica. So while he listens to lectures with interest, seizing a few salient facts, he doesn't take it very seriously. In fact, I have known students to sit through an entire lecture on materia medica without taking a single note, unless some suggestion as to adjuvant treatment happened to be made, which suggestion was always grasped eagerly.

What's his primary or freshman materia medica now?—A few symptoms. His sophomore?—A few more symptoms. His junior and senior materia medica?—Splendid lectures, splendid exposition of truth, but seed sown on barren ground. He has not been prepared. And now what's the solution of the problem?

When he arrives in school, prescribe for him the first of a series of graded medical text-books, especially those of materia medica and practice. A text which gives him a lesson to learn and recite at each lecture hour. Let every day be a quiz by the teacher and let the teacher cease to be the lecturer.

Prescribe what he shall learn in the text and let the teacher, like a true teacher, elucidate the text. These texts and especially the text-books of materia medica should be cumulative, each one intelligently enlarging and piling up the knowledge contained in the preceding volume. These volumes should also give him a method of study.

We know that this sounds narrow but with a field of materia medica and medicine so vast, why allow the student to browse all over it to the everlasting neglect of his funda-

mentals? Give him a ground-work that has been hammered into him so that he cannot lose it, and if he has any mental elasticity he'll broaden out himself. These suggested text-books containing the essentials ought therefore to be made the basis for final and state examinations, which would put an end forever to the worry, the cramming, the dishonesty, and the cribbing. It would represent a check to the unfair examiner and a hope to the student who constantly labors under the fear of failure by not having read widely enough. We have for our materia medica great sources from which to draw, and therefore they need be only the most attractive volumes. These texts should present the combined effort of our most authoritative writers past and present. They should not be the product of the individual, but books representing the uniform requirements of all homœopathic schools.

I give you the germ of the idea. I beg of you to believe that the teaching of medical students demands a due regard for the recognized pedagogic methods, that their mental processes are the same as those of any other student, and that if you will thus strengthen your unit, fortifying homœopathic truth by raising up those who know and therefore believe, you will defeat the enemies who at least threaten extinction.

To reiterate, at the beginning of the study of medicine, no matter what his age or his previous training, the student is nevertheless a beginner. It is not logical to begin the study of a drug by having him commit to memory a few keynote symptoms. Keynote symptoms form the most unstable basis that can be given a student, or become the worst possible indication of prescribing, and very likely lead to a lazy method of drug study as well as a very faulty method of prescribing.

In order to anticipate far in advance of the teaching of the more definite therapeutic application of the drugs, from the beginning we propose them not alphabetically, but in groups, the classification of these drugs depending upon their leading or most marked action. For instance, the student's future application of the drug in practice will depend upon his ability to call to mind quickly and to differentiate the drugs needed in the particular case for which he is called to prescribe. We therefore venture to lay ourselves open to criticism from some quarters of the homœopathic profession, by seeming to descend to the study of our remedy from a physiological standpoint, or from one of organotherapy. Our contention is that this knowl-

edge will frequently tell the physician where to prescribe as well as how to prescribe. To skip abruptly from the study of one drug acting chiefly upon the heart to one of widely different action, merely because it comes next in the alphabetic arrangement, is to scatter the student's attention over too large a field. We would have him study, for instance, drugs acting upon the heart, in which group we would find cactus, digitalis, etc. By studying these drugs in close succession, if not with regard to their relation to another, is to induce the student to make voluntary comparisons, thereby making more solid his information regarding the remedies as a class. It is probable that frequently our classifications will overlap; but that is rather to the student's advantage than disadvantage. While strychnin, for instance, has a marked action upon the heart, we would not classify it as a heart remedy, but put it in the classification with nux vomica, ignatia, cocculus, strychnia phos., strychnia ars., cinchona, alcohol, etc.

Again, we do not want a compendium of materia medica as a text-book. We already have plenty of these, each author presenting his subject as personal bias dictates. These books furnish the substance, the side-lights, and different angles of vision.

We do need a text-book or text-books so compiled that they will contain a definite lesson to be learned about each of a selected number of drugs, each year during the course. This text or texts should represent furthermore the method of study which the student should pursue, and it should give to him all that he should be expected to know at examination time, either by college, state board, or hospital.

The ordinary conception of elementary materia medica is the naming of a few symptoms. I well remember my first lecture in materia medica began by the lecturer announcing the subject, Aconite, and the recital of a few symptoms such as "fear of death," "predicts day he is to die," etc., and the drug was dismissed for the year. This was not elementary materia medica. We were merely shown the ghost-like forms of a few remedies.

Our study of a drug should proceed from its grossest and most material conception. If it be plant, its description. If it be chemical, its chemistry. There should follow its toxicology, its physiological action, its application to disease conditions, its physiological dose, its organotherapy, its homœ-

opathic symptoms and application, and its comparison with other drugs.

In short, Materia Medica should be studied in a logical manner, proceeding from general consideration to the finer symptomatology.

THE LECTURE IN TEACHING MATERIA MEDICA*

By George Royal, M. D., Des Moines, Iowa

It is with mingled pleasure and regret that I shall speak of the lecture, its achievements and shortcomings, in teaching materia medica; with pleasure, because it was through the lecture and the lecture alone that I acquired what knowledge I possess of materia medica, and because through the lecture I have made my best impressions upon the students whom I have taught during the past twenty-three years; with regret, because it always seemed pathetic to me to ruthlessly relegate an individual or an institution to the scrap-heap in order that the train of progress may roll uninterrupted to its destination. And yet, as you all know, I have always advocated that the didactic lecture be used less and less and the laboratory and clinic more and more in teaching materia medica. At present the time I give the two upper classes is equally divided between didactic lectures and clinics, though it is with reluctance that I have given up the lecture.

For the purpose of discussing the subject you have assigned me, let us divide it into the following headings: (1) What should the subject matter of the lecture be? (2) How should this subject matter be presented? (3) When should it be presented, i. e., at what time during the four years' course? (4) How best to correlate the lecture, the clinic and the laboratory?

1. Subject matter. The subject matter is the kernel of the nut. The subject matter should be "Totality of Symptoms." The aim, the sole object of the lecturer on materia medica should be to fix upon the brain of the student as clear, clean-cut and concise a picture of drug action as possible; not only to fix that picture, but to make it such that the possessor may use it, a practical asset. The picture should be painted and stored away among the brain cells, so that when the student or physician sees a patient, sees, hears, smells or feels the symptoms on or in the

*Read before the College Alliance, Feb. 8, 1916. *Symposium on Materia Medica.*

body, or on the slide under the microscope, or in the chemical retort or test tube, he can readily draw from his mental storehouse a picture which is the duplicate of the patient's *tout ensemble.*

The ingredients one may and must put into this picture are make-up, location, sensations and modalities.

Make-up. The make-up should include the complexion, general expression, nervous and mental phenomena, and the physical peculiarities, such as development or lack of development of glands, bones, muscles, veins, etc. To be able to do this rapidly and thoroughly, one must have a good knowledge not only of anatomy, but also of the diathesis, dyscrasias and cachexias.

But, you say, All this belongs to the clinic. Yes, and no. It can and should be all fixed upon the brain cells by words. Let me illustrate: You say, "You young men may some day meet a tall, queenly-bearing young woman with long, well-shaped fingers, perfectly formed, well-manicured finger nails, a long, pearly-white neck on well-rounded though slightly stooping shoulders, a clear complexion, rosy lips, perfect teeth, long eyelashes and brilliant eyes. But when you do meet such a young woman, do not force yourself into love with her." Why? Because she is of a tuberculous diathesis, is now or will some day be a phosphorus patient. Now, if you have a nurse, a student or a patient known to your class, use her for an example. By such means the make-up of phosphorus, calcarea carbonica, or belladonna may be taught. Do not forget temperament in the make-up.

Location. While teaching location you have an excellent opportunity to teach the most important corollary of the law of similia, viz: the *elective affinity of drugs.* Teach it thoroughly. Elective affinity does not mean that a drug is attracted to the lower extremities, the upper extremities, the abdomen or chest. No such general, indefinite terms should be used by any teacher of materia medica. On the contrary, it means a definite tissue or organ of the body. Again let me use an illustration which I often employ: Put your finger a little above the nipple and toward the median line. This is the left chest. What structures have we here? Skin, fat, fascia, muscle, periosteum, bone, serous membrane, the heart, composed of several tissues, and finally, nerve fibres and ganglia. As some drug may have an elective affinity for only one of the many tissues I have enumerated, it is absolutely necessary for you to know from which particular tissue

the symptom emanates. That is what I understand by the term "location."

This explanation may make a little clearer what I mean when I say, as I have said over and over again, that no man can get the totality of symptoms or can be a good prescriber who is not a good diagnostician. What is the matter in that chest? What tissue or organ is involved? How is it involved? Is it irritated? Is it inflamed? Is its function changed? Is its structure changed? When you know what changes from the normal have taken place in a tissue or organ, then you must know what drug can produce a similar change in that tissue or organ in order to use your drug as a remedy to restore that tissue or organ to its normal condition. If the law of similia does not teach me that, it does not teach anything.

Sensations. Sticking, jerking, splinter-like, dull, sharp, tearing, twisting, lightning-like, numb, splitting, shooting, trembling, throbbing, pulsating, crawling, etc.! To the average medical student these terms, unexplained, will convey about as much information as would the chattering of a monkey. But I have never met a student to whom I have not been able to explain the meaning of these words. The explanation may be found in the tissue or organ involved (location), or in the changes (dynamic, functional or pathological) which have taken place in these tissues or organs. To illustrate: Why is a whitlow so painful? Because it is between the dense periosteal tissue and the still denser bony tissue. Why do you say, "Nerve involved, but only irritated," when no soreness or tenderness follows or accompanies the shooting, lightning-like pains from hip to ankle? Why do you say, "Nerve involved, both irritated and inflamed," when soreness and tenderness do accompany and follow these pains? How easy here to teach and differentiate the meaning of "algia" and "itis"! A few minutes will suffice to explain that your encapsulated or otherwise encased organs or tissues, when diseased, will produce your pulsating, beating, throbbing sensations, and that the severity will be in proportion to the elasticity or firmness of the capsule; that sharp, splinter-like pains of the mucous membranes always indicate ulceration; and so on through the entire list. Please note how perfectly your sensations and locations dovetail into each other. Two lectures of an hour each will suffice to give the average medical student a good, workable knowledge of the sensations.

Modalities. What aggravates or ameliorates the sensation?

Heat, cold, moisture, dryness, rest, motion, position of the body, light, odors, noises, time of day, month or year, eating, fasting, drinking, sleeping, etc. Most of these modalities may be explained by their effect upon the circulation, the general circulation or the blood supply of some special organ or tissue; but many cannot be so explained. The modalities of many drugs I do not understand. I have heard many attempts to explain why the following symptoms found under Throat both of lachesis and lycopodium: "Contracted feeling": "constricted feeling so marked that food and drink go down with difficulty, stick, or are even regurgitated"; "sticking pains and soreness"; "ulceration and an exudate or pseudo-membrane which bleeds when detached from the tonsils and fauces." I have heard attempts to show why the constriction and pain of lachesis were aggravated by hot drinks, while those of lycopodium were aggravated by cold drinks; why the exudate of lachesis should begin and be worse on the left side, and lycopodium on the right side. Although I have verified the above subjective and objective symptoms many times, I have never heard any one give a satisfactory explanation of these modalities. So with many other modalities. But you must know them, even if you cannot know the cause, just as you must know that two and two make four, or two from five leaves three; and this can only be taught by the lecture. The modalities, next to the mental symptoms, rank highest in deciding the totality of symptoms.

2. **How shall the subject matter be presented?** "Ah, there's the rub!" It has been comparatively easy to say what subject matter should be presented. It will be still easier to say *when* it should be presented. But with teachers of different temperaments and training, strong in their individuality, tenacious of their opinions, it is evident that no arbitrary rule can be successfully followed by all. Each man must employ his own method. We can all agree upon the object to be attained, and that is probably as far as we can all agree. But at such a gathering as this it may be profitable to give and discuss each other's methods; therefore, if you will bear in mind the object upon which we have all agreed, viz: to fully explain the significance of symptoms, and then so fix those symptoms upon the student's mind that he can readily use them in the selection of his remedy, I will give you a very brief outline of my method.

During the first and second years I present the characteristics and elective affinity of the drugs. Among the characteristics I put

most of the modalities, e. g., to the peevishness of chamomilla or the tearfulness of pulsatilla I add, "better from being carried" or "better from being jollied." In addition to naming the different tissues or organs which a drug will affect, I state the manner in which and the extent to which the drug will change that tissue or organ. For this purpose I use the words "irritation," "inflammation," "functional change" and "structural change"; e. g., belladonna will irritate, inflame and change the function of the mucous membrane. Nitric acid will go one step further; it will ulcerate the mucous membranes, a structural change which belladonna can not produce.

The relations of sensations to the various organs and tissues are also taught, as I suggested while speaking of sensations. This should take about seventy-two hours. The result is that the students have been taught the "red thread" of the individual remedy, and the family to which the individual remedy belongs, i. e., the nerve family, the fever family, the blood family, etc.

The two upper classes I instruct together. We select a remedy, say gelsemium, and take about five minutes to review the work of the two former years, put on the blackboard the four headings:

Make-up
Location
Sensations
Modalities { Aggravation / Amelioration

and then fill out what applies to gelsemium. Now start in according to the schema, but do not rattle off a hundred or more symptoms. Four symptoms thoroughly explained are worth more than four hundred not understood. For example, take the symptom "vertigo." First, from the standpoint of the clinician, give the etiology of vertigo. Be thorough with it, and then tell the students that gelsemium partially paralyzes the recti muscles of the eyes, preventing proper focusing, causing diplopia and finally vertigo. When following our schema we reach the heading "Stools" I always tell this story: A brave captain was urging his soldiers upon the enemy's trenches when a bullet struck him in the chest. At once he felt the blood trickling down his side, under his belt, down his trousers, and filling his boots. He was hurried to the field hospital, his clothing hurriedly removed, and the boots found full of fecal matter. Emotional diarrhea! The students never forgot it. Incidentally, I tell them the bullet was found in a book in his pocket. In the same way you can explain

the symptoms, "Large quantities of colorless urine," emotional polyuria, not to be even remotely connected with the polyuria of diabetes.

While studying the various tissues or organs, use the symptoms emanating from them as a center, and around that center put the symptoms of other tissues or organs, forming groups such as you usually find in practice, and called grippe, congestive headache, ptosis, etc. The hours given to this work I call materia medica hours. They are two out of three each week. The third hour I call therapeutic hour. (My title is "Professor of Materia Medica and Therapeutics—"applied materia medica," I call the latter.) During the therapeutic hour we bring in some family created during the first and second years and show the characteristics by which one member may be distinguished from another. In doing this I follow closely the method used by my old teacher, T. F. Allen, than whom no painter ever used a brush more effectively in painting word pictures. I see those pictures now as he hung them on the walls of that old lecture room on Twenty-third Street and Third Avenue. There hang the uncompleted (headache) pitures of kali bichromicum and iris versicolor. They are so much alike that you cannot tell one from the other. "Blurring of vision, sensitiveness to light and noises, intense pain, waves of nausea, vomiting, with relief for only a short time, the gloom of despair." Allen quickly writes across the iris picture, "Cause, relaxation from nervous strain"; across the kali, "Cause, catarrh." Only two strokes of the brush, but what a change in the pictures! The change I have never forgotten. The belladonna headache, the sanguinaria headache: the former hyperemic, the latter anemic; the former better with the head high, the latter better with the head low. In like manner, each individual of the large headache family and all other families can and should be introduced, identified and made easy to remember.

3. When should the subject matter of the lecture be presented? The course should be graded. The first lecture should be delivered the first week; the last, the last week of the four-year course.

4. How best to correlate the lecture, the clinic and the laboratory? How should the time be divided? Two hours of lecture, two hours of clinics, one hour of laboratory. Then if, as in other branches, we make the laboratory hour a period of two hours, our time will be equally divided between the three.

How should the time devoted to each subject be utilized? The lecture should be used first, and for the purpose of attracting the student's attention and putting him in a receptive mood. The clinic should then be used to demonstrate the truth of the impressions made by the lecture, and to further help fix those impressions on the student's mind. The laboratory should be used to remove all doubts and to settle all questions which may arise, as to the impressions made by both lecture and clinic. Again let me illustrate: In my lecture I have pictured a case of pneumonia calling for phosphorus. The student has been told that the patient would complain of a sense of weight on the chest, that the facial expression would be anxious, that the expectoration would be bloody, that respiration would be difficult, that the pulse would be rapid, the temperature high, and that percussion and auscultation would show solidification of the lung. I tell the student that phosphorus has produced the above symptoms, and that it will cure a patient who has them. The statement has attracted his attention. Then I take the student to the bedside. He sees and hears everything I have stated, and the best and most important thing he hears is the following words whispered by the patient: "Doctor, if you could only remove this heavy load from my chest!" The student goes to the dispensary, gets the phosphorus, administers it to the patient, watches the effect. The patient gets well.

Without giving all the symptoms, let us add bryonia and tartar emetic to phosphorus. The student has seen the effects of each, but he is still skeptical. He says: "Yes, I heard and saw it all, but I am not sure that bryonia can produce congestion, phosphorus solidification, or that tartar emetic can promote absorption and expectoration. It may have been a coincidence." Now get your rabbits, get eighteen of them, three each for each of the three drugs to be medicated, and three for each drug to be used, bryonia, phosphorus, tartar emetic. Push your drugs, watch your symptoms, kill your rabbits at the proper stage, open their chests, examine the lungs and demonstrate to the doubting Thomas what drugs, used homœopathically, will do for rabbits and for mankind.

In concluding, let me state that if my influence with the other members of the Council is strong enough, every one of our colleges will be asked to adopt a course something like the one outlined above, in order to keep its standing with the Council.

THE NECESSARY CONDITIONS FOR THE PRACTICE OF HYGIENIC THERAPEUTICS*

By E. Arthur Carr, M. D., Lincoln, Neb.

Wherever a number of people dwell, one of the first considerations is health. The larger the number of persons and the more crowded they are, the greater the need of sanitation and publicity of the conditions that promote it. In the rural communities this may seem a thing of indifference, but even though the people are scattered, health may be vitiated by stagnant ponds. Polluted matter may be deposited along the banks by streams coming from adjacent water-sheds. Water of the wells may be contaminated by the close proximity of the stable or barn-yard, or worse yet, by the careless disposal of typhoid patients' feces. These are conditions for the practice of hygienic therapeutics.

Let us pay our respects for a moment to the domestic fly, one of the common carriers of filth and disease. During the Spanish-American war, in Chickamauga Park, when typhoid fever was epidemic there, flies were charged with carrying infection. The latrines were covered with lime, and during meal time the blue uniforms of the soldiers became white with lime from the feet of the flies.

It is estimated that one-fifth of all deaths in the United States annually can be attributed to the deadly housefly, the filthiest of all insects, carrying a million and a quarter of germs on its body. War is now declared and must be prosecuted to a successful end, not only against the housefly, but mosquitoes, ticks, lice, fleas, and rats as disease spreaders. In town and city the conditions for the practice of hygienic therapeutics multiply according to the number of inhabitants. In the closely populated places, the location and condition of alleys, sewers, vaults, garbage dumps and livery stables call for attention from a health point of view. Bakeries, fruit and vegetable store-houses, slaughter-houses, meat shops, canning factories, and cattle pens need frequent supervision and correction.

The individual should not be forgotten. Often he is a center of disease that may quietly spread to many others and affect or infect a neighborhood. Personal cleanliness, the common drinking cup, the universal towel and indiscriminate kissing are matters of individual concern. Measles may bring more danger and cause more deaths than smallpox. Typhoid fever and diphtheria

*Abstract of paper read by title—Bureau of Clinical Research—A. I. H., 1915.

germs often exist in individuals for months after they have apparently recovered. With all the campaign of education and modern methods of treatment the death rate from tuberculosis has not decreased as rapidly as it should because we are omitting hygienic therapeutics.

Before this Institute at Denver, in 1913, I made the assertion that the "Chautauqua salute," as then given, was a filthy, unsanitary and dangerous habit, spreading broadcast in an assembly millions of tuberculosis germs; and I have personally seen no less than twelve to fifteen people in the advanced stages of pulmonary tuberculosis in a certain Chautauqua vigorously waving their handkerchiefs in response to the command for the salute. The press has seconded me in this thought, placing the salute on a higher plane by advocating instead of the handkerchief the use of a small United States flag for this American salute, thus promoting both patriotism and sanitation.

The following is another practical illustration of hygienic practice. In my home city, Lincoln, Nebraska, before the Neighborhood House was established in the Russian district, seventy-five babies died in the period of one year. In the same period after beginning its work with aid of a visiting nurse, the opening of special milk depots, the coöperation of the health inspection of the public schools, which commenced at the same time, and the regular work of the city health department, the death list of babies in the same district was reduced to the comparatively and remarkably low number of nineteen. Such work could be multiplied throughout our country, and back of it all must be the persistent efforts and hearty coöperation of our physicians.

A Layman's Opinion of a Medical Practice Act.

"The commonwealth should not allow doctors of one school to practice on any easier acquirements than those of another school. The patient has a right to be attended by a physician of his own selection and the state should not be a party to any differences of opinion between opposing schools nor impose any unjust regulations on any schools, but it should require the same degree of educational preparation of all applicants. The people should safeguard these conditions for their own protection. The easiest way to do this is to require of all persons who desire to treat the sick for compensation, a preliminary education including a high school course at least, and such medical training as will give each practitioner a knowledge of the structure of the body and its afflictions. Regulatory laws should not be designed to protect any particular group or school."

CANCER INVESTIGATION*

Discussion of Dr. H. W. Nowell's Paper

Dr. House, New York: Dr. Nowell's theory of the nerve element being a causative factor in the production of carcinoma seems very logical and is extremely interesting. However, I shall leave the more technical part of this excellent paper for others to discuss. I have been in close touch with the practical side of this interesting subject, and for over two years have made constant clinical observations. We all realize how important it is to get the cases early rather than in the late stages, or after every possible known method, radium, x-ray, remedies external and internal, have been tried. Some very remarkable changes have been apparent. I do not wish to be misunderstood or to insinuate that this toxin will make new organs or tissues, but the progress of the disease is brought to a standstill, the intense pain relieved, the sloughing degenerating tissues deodorized, and the general condition and comfort of the patient vastly improved. I have repeatedly seen this condition obtain even in cases which seemed to be helpless and hopeless. All did not recover, but marked relief always came to soften the terrible distress in this appalling affliction. This is absolute evidence to me that this substance does have specific action in carcinomatous conditions.

I believe it is the duty of every physician to bring these cases early to operation, then to follow immediately by immunizing doses of toxin. This offers most for the patient and will furnish a basis for future work carried out along these lines. If we would educate the public in preventive medicine, we must ascertain and remove the etiological in preventive medicine, we must ascertain and remove the etiological factor. It is not enough to rely on materia medica alone, and the old saying, "Remedies are good enough for me," will not do today. We must have the most up-to-date knowledge and apply it intelligently. Homœopathic societies can help to further the work, and aid our school in bringing this new treatment before the world. Dr. Nowell has been abroad in association with the best laboratories, such as Heidelberg, Vienna, London, as well as in this country, and no adverse criticism has been made of his work. We should be and are justly proud of our colleague who is blazing a way into this difficult and unknown field of cancer research.

Dr. Krauss, Boston: I have been asked to enter into formal discussion of this paper. I have once before had the opportunity to commend Dr. Nowell when he engaged himself to pursue the metabolic origin of cancer and at the same time to call his attention to the probability that it may not be possible for him to prove his lactic acid theory of cancer. So far, instead of distinctive methods of cancer research, we have only distinctive theories, but for investigation we require no theory. This working on a theory when no theory is needed is the prime cause of all the failures of cancer research, and they are many. With all the millions of money spent and years of energy wasted, there has not yet been discovered what these men have

*J. A. I. H., July, 1915, p. 77.

set out to discover, viz., a tangible viable "cause," but instead there have been put forth many "hypothetic" bodies vaunted as the "cause" and even reactions, but no knowable virus even of cancer tissue. No wonder Ehrlich proclaimed that the cancer problem will never be solved by such assault. I fully agree with him. In cancer research we are in the field of observational investigation and not of experiments. We have the growth. We have the physical, chemical, morphological, clinical conditions of cancer. We must enter into the investigation of their etiological elements in the spirit of observational investigation. The problem before us is not to make distinctive theories of cancer research but to engage in such distinctive methods that will disclose etiologic elements in their natural relationship. The best, if not the only method to pursue in a search of the pathognomic complexes of cancer and of cancerous states will be the one that will not attempt a priority to displace the hitherto fixed facts of cancer morphology: that cancer represents an aberrant tissue in an abnormal locality, through undue vascularization, as a period of premature senescence—a devolution of normal tissues at an abnormal time in an abnormal place.

Dr. Phillips, Cleveland: A theory is a means used to explain a few observations. If I understand Dr. Nowell correctly he has observed a fact and he has tried by a theory to explain that fact. Suppose his theory is overdrawn: does that disturb his fact? Not at all. Dr. Nowell has brought to the study of cancer a fact which we have known for a number of years. To me it is only another explanation of the vaccine theory. By study, by careful observation and careful investigation, he has found apparently an element, possibly an organic element, which is apparently the cause of cancer and he is using it to immunize his patients against cancer. Is there anything that is more laudable or more plausible in the practice of medicine?

Question—Does Dr. Nowell classify this treatment as a vaccine, an antitoxin, or a serum?

Dr. Nowell, Boston: The only label that I have ever put on any of the solution is the label of carcinoma toxin. I believe when it goes into the body that it stimulates the tissue elements to the production of antibodies, they having an antitoxic action; or, in other words, immunize the body to a degree against further toxic action of the disease. I have never claimed a cure. I have carried on some research work in the Evans Memorial and made several reports. It will require many months of hard work to finish the problem that I have started.

Hahnemann as a Psychotherapeutist. The more one studies the works and writings of Samuel Hahnemann, the more one is impressed by his profound knowledge of the art of therapeutics and by his superiority over the average medical man of one hundred years ago. At this date, when we are inclined to consider psychotherapy as a product of the twentieth century, we are astonished to learn the extent to which Hahnemann recognized and employed psychotherapeutic principles which are even now new to many medical practitioners.

A NEW SYSTEM OF DELIVERY*

By P. D. Russell, M. D., Pueblo, Colo.

All down through the ages, there has been a general apprehension of distress to mar the complete joy of the expectant mother; a dread, fear and great aversion to the terrible pains incidental to birth. An absolute abolition of these much dreaded pains is probably not within the bounds of medical and instrumental interference. However, with the following technic of delivery, we have within our reach a system, which if followed out in detail as herein described, will cut down pain to the minimum and many hours of tedious and unnecessary waiting for the doctors and assistants and make labor little to be dreaded.

The technic of delivery, which is so different from that heretofore practiced by many of the profession, has been the subject of great discussion among the laymen, wherever practiced, as well as by the medical profession at home and abroad. Judging from the many letters of favorable comment from eminent physicians and surgeons throughout the United States and foreign countries, the system is meeting with great approval, yet there are some physicians who are pessimistic about the system. This, however, is not to be wondered at, as there are always those who oppose anything in scientific medical advancement. We need not go farther back than to the introduction of the treatment of diphtheria by antitoxin, or abdominal surgery for appendicitis. When antitoxin was first introduced, some practitioners vigorously opposed its use, yet today those same physicians are its most ardent supporters, and one who would oppose its use would be liable to malpractice, in some states, in the event of death. We know through experience that antitoxin saves thousands of lives yearly, while abdominal operation for appendicitis is practiced everywhere.

This system of delivery is different from that which is generally practiced, as many of the profession deliver their cases lengthwise the bed, with buttocks placed upon a Kelly-pad, which, by-the-way, I have discontinued entirely, preferring a new antiseptic wax sheet for each case. I have in the past found it practically impossible to deliver in the bed as described above, without getting the bedclothing badly soiled and leaving a heavy laundry for the attendants. The system I am about to describe does away entirely with any stains or bloody traces of your visit, thus

*Obstetrical Society, A. I. H., Chicago, July 1, 1915.

leaving a very satisfactory impression with the family and any one else who might be present.

I have found by careful digital examination in hundreds of labor cases that eighty-five per cent of all pains and time consumed occur before the fetal head descends below a level corresponding with the pubic arch. This waste of time and needless pain is the result of the fetal head impinging against the pubic arch, instead of emerging directly toward the birth canal, this engagement usually being anteriorly, occasionally somewhat laterally. At this juncture of labor, what is needed most is flexion. Having ascertained that we have a reasonable amount of cervical dilatation, say from three to five fingers' breadth, I then have my patient placed across the bed, with buttocks upon sterile wax sheet, protruding well over side of bed, husband and nurse seated on either side of patient facing the operator and supporting the feet; dish-pan or bowl placed under the side of bed to catch drainage. Then, between pains, introduce the blade alongside of fetal head, at point of least resistance and well up to handle. Gently glide the blade side-wise to point of greatest contact, which is usually the anterior median line, sometimes however slightly at right or left of os pubis, with the handle flexed well down posteriorly. The next pain will usually engage the head, if properly held or manipulated, which will speedily glide down under the pubic arch, which action usually occurs in from two to five pains. The head is now well down and pressing against the soft parts; at this stage, however, be careful not to allow the fetus to travel too fast, causing lacerations. Upon delivery of fetus, I place it transversely on towel on lower part of mother's abdomen, which I believe beneficial on account of slight pressure. When the cord collapses, I tie it, pass the infant to nurse, who places it on the bed. I then deliver placenta, again wash and antisepticize parts, draw down obstetrical slip, place vulva pad, pull wax slip from under buttocks. My assistants now get up and we place patient lengthwise in bed, with a marked absence of the usual mussed-up and blood-stained bedclothing of the old system.

Discussion

Annie Whitney Spencer, Batavia, Ill.: I was in hopes to have some personal experience to relate in regard to the use of Dr. Russell's blade. I only had three confinement cases after receiving the blade, and as those were "hurry up" cases, I did not have the opportunity of using it.

My first impression on reading the subject of the Doctor's paper

was, of course, "scopolamin-morphin narcosis." I must admit that I was not disappointed when I discovered that it was something new and entirely different. My interest did not wane, however, and I commenced to look up instruments used in child-birth. I found an instrument invented in 1693 by Chamberlen called the vectis, that resembled Dr. Russell's blade, only this one was fenestrated. It was made of different material. Wood, ivory, silver and iron were used. Roonhuysen of Amsterdam used a blade that was very similar, and sometimes covered it with soft leather. Titsing also had a blade, very much like the Chamberlen blade, only it was a solid blade. He wanted to improve on Roonhuysen's blade, so covered his with wool. In 1738 Regandeaux being called to a case of confinement was unable to deliver the woman, and he finally took a chemist's common spatula and by slightly curving it he delivered the woman of a living child, and he was so elated that he used the single blade after that almost entirely.

In 1754 a French physician in trying to deliver a woman with Smellies' forceps was foiled in his attempt, and as a last resort used one blade and delivered the woman in a very short time of a living child. He afterwards boasted of delivering 1,200 women in 21 years with the single blade. During this time he had three forcep deliveries, two out of three of the babies dying from injury caused by the forceps. To what extent these deliveries were successful we do not know, but we infer that he must have met with success or he would not have continued to use the single blade for so long a time.

The American Text-Book of Obstetrics also mentions the vectis as a precursor of the forceps. Reynolds does not recommend the vectis, because in preventing the slipping of the blade a degree of force has to be used, thereby exposing the vagina of the woman, and the scalp of the child to serious lacerations. We have to admit that these same conditions follow the use of the forceps entirely too often, but under skilled and careful hands these conditions might not occur. So with Dr. Russell's blade used on normal cases, where delivery is delayed, because extension needs to be reduced (by flexing the chin), I cannot see why, if it shortens labor as the Doctor claims it does, it is not a useful instrument in the right kind of cases in careful hands.

I would like to ask the Doctor what per cent of lacerations he has had in delivering by the single blade. Lacerations are very frequent in normal cases when instruments are not used. I believe the cause of these lacerations is lack of fixation and that Dr. Russell's blade applied properly will reduce the extension.

Dr. Sevringhaus: I would like to ask the Doctor if he allows it to remain on until the close of labor.

Dr. Walter G. Crump: I have very little to say. In the practice of obstetrics I try to let the case follow the normal course of labor as much as possible. My general impression, gathered as I listened to the paper and the discussion, is that there is altogether too much meddlesome obstetrics. I would not want to use a blade at all. I would leave things to nature; and then, if it was found necessary to use a blade, I would use two blades.

Dr. Williamson (closing the discussion): My experience with the

blade has been that I have not had as many lacerations as in normal labor. I have not compiled any figures, but I am positive that with the application of this blade there is much less laceration.

It is left on until the head is well under the arch and pressing down against the soft parts.

I may say that this blade is used in normal cases to hasten delivery. My understanding of the affair is that the cervix does not dilate because the head is held back of the pubic arch and is not allowed to come down against the cervix. As soon as the blade is placed the pains bring the head down, and then dilatation goes on very rapidly, and the result is that the time spent is greatly reduced.

Dr. Cogswell: Is the blade placed with the membranes unruptured?

Dr. Williamson: The blade is placed after rupture of the membranes.

Dr. Cogswell: Artificial rupture?

Dr. Williamson: Yes, artificial rupture. The blade is placed alongside the fetal head, and then pushed up where the point of contact comes. No pulling is done. The blade is left in place and nature does the rest.

THE TECHNIC OF SCOPOLAMIN AMNESIA IN OBSTETRICS*

Discussion of Dr. Florence Ward's Paper

Dr. Sarah Hobson: The technic of twilight sleep is comprised under the following:

Environment of quiet; subdued light and avoidance of all external irritation of nerve centers.

Initial minimum dose of morphin or its derivative.

Continued observation by a trained attendant, from the beginning of labor until its end.

A stable preparation of scopolamin.

The minimum dose which will keep the patient in the zone of amnesia.

Repetition of the dose in decreasing quantity and increasing intervals.

Individualization of the patient to maintain not absolute unconsciousness of pain, but a drowsiness, sleeping between pains, rousing to exert muscular expulsion, but with no memory of anguish.

Infinite patience and painstaking attention mean time and money, in order to give to each individual patient the close observation, the particular environment, the minimal dosage which will keep the patient in that zone of forgetfulness of the anguish, and yet leave the musculature free in its activity, and the child unharmed by drug action. This is a narrow zone, and demands a nicety of technic which forbids spectacular exhibition or a hurried day of miscellaneous medical practice.

*Jour. Amer. Instit. Homœo., Jan., 1916, p. 761.

The observant mother has always been the keenest critic of medical procedure. It was the critical mother who was prompt to charge the general practitioner with careless cleansing of the clinical thermometer passed from mouth to mouth. It was the woman who was both mother and club woman, who made caustic comment upon the essayist, renowned for surgical technic, who moistened the finger with saliva to turn the pages of his manuscript.

The demand for twilight sleep by the mothers is but a part of the modern demand that we may live in accord with evolution of the individual and of society, rather than to be bound by tradition. Eve rejects the materialistic interpretation of ancient theology, "saved through her child-bearing," and is apt to retort, "If Adam were allowed 'a deep sleep' for a short operation, I demand twilight sleep,—'forgetfulness of the anguish' for six to twenty-six hours."

Dr. J. W. Means, Troy, O.: I would like to know at what stage the twilight sleep is commenced. I did not hear that part of the paper.

Dr. Richards: When you have a dilatation of two fingers, and the pains are coming from three to five minutes, and lasting from fifty to sixty seconds.

Dr. Means: There will have to be considerable education in that matter before it will be very popular with physicians in the country. It may be all right in a hospital. I tried it once, but the patient got so beyond my control that I do not think I gave the proper dose. I gave the dose prescribed. I never tried it again. I believe that chloroform given in the proper manner, and at the proper time, is one of the greatest factors in the delivery of children. Now this method surely has no advantage over chloroform that I can see at all, but I can see where there are a great many disadvantages. If it were put in the hands of practitioners throughout the whole country, dire results would follow. It may be handled properly by Dr. Ward in San Francisco, in her private hospital, but as for myself I would not touch it. I will use chloroform every time, and I give it in nearly every confinement case I come across. I have delivered in my time not so many, about eleven hundred, but I have given chloroform in at least 90 per cent of these cases.

Dr. F. V. Wooldridge: There are three things to be considered in twilight sleep. First is the dose. I watched twilight sleep given in some of the clinics of London, in Scotland and in Ireland, and it was practically universally condemned. In those clinics they herd women like sheep, without giving them half a chance. They pay no attention to technic, but simply follow rules as laid down by the Freiburg Clinic —¼ morphin and 1-150 scopolamin—and let the patient go to sleep under the care of an ordinary nurse. A great number of the babies that I saw were born asphyxiated, and had to have artificial respiration for quite a little time. In our own experience I have had something over one hundred cases where morphin and scopolamin have been used. I tried out systematically a number of different preparations of scopolamin. There is all the difference in the world in the different preparations. If you think for a minute you can take

out your hypodermic, and take a vial marked "scopolamin" or "hyoscin" and give the patient 1-150, and get a good result you are much mistaken. You must have fresh scopolamin. In my work I have arrangements with a chemist who prepares scopolamin for the Squibb Company. Once every three or four weeks I have him mail me a vial of ordinary tablets, 1-400. I have tried various makes put up by American chemists. Without meaning to advertise Squibbs at all, their scopolamin has given the best results.

In American women I do not think it can be given in any state of mind. You must be careful in giving it. I start out by giving the patient 1-200 scopolamin and 1-8 morphin. This is given when labor is well begun, when the pains are coming right along, and dilatation is progressing. I do not go on the two fingers' dilatation. Frequently we will have the two fingers' dilatation when the patients are not in labor. They must be in labor. The patient is placed in a quiet room, after the ordinary preparation, a dose of scopolamin administered, and one or two enemas given. The patient will waken a little, and you find a nervous condition instead of the ordinary twilight sleep. In about twenty minutes you will see signs of relaxation. The test which I have found to give the most accurate results consists in taking the patient by the hand and tapping the tendons of the wrist. You will get a little wrist jerk. When that comes without disturbing the patient she has about had enough. During the last thirty cases in which I have used twilight sleep, no patient has had more than 1-8 morphin and 1-150 scopolamin all told. They get 1-200 to start with. If the patient is not a nervous woman, and labor is going along well, 1-400 is given.

There is a great deal of difference between scopolamin and chloroform. Let me also say that scopolamin and morphin together have a different action from that of scopolamin alone or morphin alone. If you take ordinary morphin and give to a patient in labor (sometimes you have a patient with a small pelvis, or there is some disproportion, or you want the patient to rest up after she has been in labor eight or ten hours and is tired out) if you will give an eighth of morphin hypodermically the patient will rest, and when labor starts up again she will awaken refreshed and go on. There are no bad effects to either the mother or the babe. When you combine morphin and scopolamin it tends to paralyze the centers of respiration in the baby. This is a peculiar paralysis. When the baby is born it won't breathe unless it gets external stimulation. So long as some one is present to work with it, it will soon begin to breathe. In a series of Cesarean operations, in which the patient was given scopolamin and morphin, and the operation was done wtihin an hour of the first dose, I have always had trouble in resuscitating the baby. In every single case in which the patient had had plain morphin before Cesarean section I have had no trouble, but the baby has cried right at the start.

The differences between the results obtained by scopolamin and chloroform are interesting in this way: you carry your patient along, giving a whiff of chloroform, enough to take away the edge of the

pain. When the labor is finished you have an exhausted patient, usually the blood pressure is down and there is more danger than there ordinarily should be. Likewise involution is not what it should be. With scopolamin your patient goes to sleep, and after delivery she will wake up in from one to three hours as fresh as a lark without depression and soreness.

I would like to tell you of one particular case. The patient was 36 years of age, a primipara, small pelvis. She was a high-flyer, a society belle, fond of coffee, tea, cocktails and cigarets. She fell into labor about 4 a. m. and did not have a difficult labor. She was rather tired, however, at four or five in the evening when the real labor started. She received 1-8 grain morphin, 1-100 scopolamin. Her husband, and her sister and sister's husband, were in the house at the time. Of all the rumpus that woman gave rise to! There was more noise, more cussing, and more general deviltry than in any two obstetrical cases I have ever attended. Three hours after the first dose of scopolamin she received 1-100. Two hours later she was delivered of a baby, using nitrous-oxid-oxygen as low forceps were employed. That woman never for one minute let up her noise and general "rough house," and her family thought that we were all the worst kind of brutes to allow her to suffer so much. She went to sleep immediately after delivery and wakened up four hours later, and she had no remembrance whatsoever. That was due directly to the scopolamin. Had she been given chloroform, to this day she would have remembered her pain, even though the sharp edge had been taken away. I thought she would not want another baby, but she says she is going to have another, though I hope not; but she does not remember any pain.

Another point that is important, and that is, when you give too great a dose of morphin, there is one antidote which is usually available, and that is oxygen. Some patients are quite susceptible to scopolamin, and there have been one or two instances in which the patient has received too much, and the oxygen controlled the situation nicely. In my own clinic I have a standing order that if the mother has had scopolamin, the baby shall receive oxygen one minute out of every ten for the first hour of life. I think scopolamin can be safely used in the home if you have assistance. I believe if you are going to have a standard dose to give to everybody you are going to get into trouble, the same as with any other medicine. You must watch the action of the drug, and be right on the job. Scopolamin has its place. It does not take the place of chloroform and never will; neither will it take the place of ether.

Dr. Frieda E. Weiss, Cleveland: In the use of a drug for twilight sleep, I have found that morphin when used in doses of even ⅛, would cause asphyxia in the babes, and so I have chosen pantopon. Its action on the patient has proven it to have less of a paralyzing effect on the respiratory centers of the baby. I use the preparation made by the Hoffman Company. One-third gr. is administered. I use Merck's preparation of scopolamin, in ampules. One-four hundredth gr. is given for the first dose. If it is a primipara, the dose is repeated in an hour, and then I make

a memory test. The first injection is given usually in the arm, and the second in the thigh on the right side. If the patient remembers in a half hour whether she has had more than one injection, and the location of the last injection, then the memory test is not complete, and a third injection is given in the left arm of 1/400. I find that in this manner I do not have to repeat the injections again for two or three hours. Usually about every two or three hours I give another 1/400 until labor is ended. I find that the first stage of labor is materially shortened in every case, and the second stage, the expulsive stage, lengthened in a great many cases. In the primipara I allow a lapse of two or three hours after the first stage has been completed. If at that time labor has not been completed I give a few whiffs with ether and deliver with forceps. In the multipara I allow an hour to an hour and a half, and then complete the labor by forceps delivery.

Dr. Ward states that twilight sleep should not be used in cases of multiparas who have rapid deliveries. In multiparas, where the labor is prolonged over two or three hours, I find that by giving a dose every half hour for three doses, the patients do not remember having gone through labor. We find that toward the close of labor, in both the primipara and multipara, the expulsive pains are sometimes so extreme that patients will remember. In those cases I give a few whiffs of chloroform, or whatever I happen to have on hand, and the patients never remember the labor they have gone through. My babies at first were asphyxiated, but that was because I used morphin. Since using pantopon, two-thirds of the babies begin to cry before having come out of the birth canal.

Dr. Richards: Do you find in any of your cases that the use of scopolamin-morphin has any influence on the post-partum flow?

Dr. Weiss: No. The postpartum flow is not as excessive as when the drugs are not used, and the danger of hemorrhage is not so great as in normal labor.

Dr. G. A. Huntoon: It seems to me that the field for twilight sleep is very narrow. The doctor suggests in her paper that cases that are to receive surgical treatment should not be given twilight sleep. Multiparas that have rapid labor should not receive scopolamin-morphin. That would leave the primipara, but she herself says that the only ideal patients are the ones in a hospital, hence that cuts all cases off in the home, and thus would narrow the field quite considerably.

There are three reasons why I do not like to use the twilight sleep: the first is, that it has been my experience that it prolongs labor; second, it invariably increases the number of forceps deliveries; and the third is, that it is dangerous to the child.

Dr. H. O. Skinner, St. Paul: I have not had the advantages of the Freiburg clinic myself, but I know of one excellent Minneapolis physician who has. He says he went there with the idea that the doctors had been much maligned, and he began to be quite enthusiastic, but he soon found that they were having their troubles. He got his information not from the doctors and interns, but from the nurses and other attendants. He found that where these two doctors in par-

ticular claim that they never use forceps, the nurses said that they did use them. He came home very much disgusted with the whole performance.

Dr. W. E. George, Indianapolis: The era of translation of dammerschlaf into twilight sleep, with its seductive, euphonious sound, has brought all our would-be mothers into a state of hypnotism, and it is a question what we can do with them. I have had some experience with dammerschlaf, and I think the first syllable of the German word is very appropriate to the process. We have the magazine and the newspaper, everything except the billboard, heralding the virtues of twilight sleep, until our young will-be mothers are coming to us with a perfectly secure and perfectly confident air, and saying, "Of course you always use twilight sleep." Of course I do not always use twilight sleep. I have seen too many asphyxiated babies born under it, and I would much rather allow several babies to die than to kill one. I wish to protest against the claim of safe and harmless childbirth in twilight sleep. Of course it does bring a degree of amnesia which obliterates memory, but you cannot obliterate the memory of a killed child from the mother's or from the doctor's mind. I believe that the time is here, and the time is now for us to have just the discussion that we are having; that those who have had experience may tell us, in order that we may know whether or not it is at all safe outside of the hospital. In the hospital I grant you that it is comparatively safe, but we must remember the many idiosyncrasies of patients, and I think any of us who have seen scopolamin or hyoscin cases delivered, know the wild delirium that sometimes comes from the administration of a very small dose of the drug. I am afraid of it. I believe for the ordinary practitioner, who does not live in a large city where modern conditions prevail in hospitals, that chloroform is good enough.

Dr. Kinyon, Ann Arbor: Confinement cases are divided into two classes, those that can go to a hospital and those that cannot. As a matter of fact I have had occasion to look this matter up and am sure of my statistics, though I am not much of a hand for statistics, as you can prove anything by them. Less than 40 per cent of all children are born in hospitals; about 36 per cent is a very liberal estimate. Now then, you have the majority of them born in the home. That being the case it is substantially a waste of energy to think of twilight sleep for those people, for you simply cannot give it.

I will tell you what you can give. It works just as well and a good deal better, and that is H. M. C. I have used it in scores and hundreds of cases in the last twenty-five years. It is very much safer than the twilight sleep because the hyoscin is much more stable than scopolamin. Now if you want to give twilight sleep, you must have an ideal room, absolutely quiet. You cannot have that in the home, as a rule. Then, another thing, the doctors in this world are human, and they are going to work for the almighty dollar. No man or woman will spend very much time with an obstetrical case unless there is a fee of ten or fifteen, and sometimes twenty-five dollars attached. Not until we can educate the people to make obstetrical practice as remunerative as surgery, shall we have twilight sleep. In our department of the

Michigan University we have used twilight sleep a few times, and in the old school department it has been used, I think, in every case within the last year. I was talking about a week ago with the Doctor who has charge of that department in the old school. A year ago, or a little over, he went to Freiburg and stayed three months. He came home very enthusiastic over the question of twilight sleep. He has used it in about seventy-six cases, and has had some very untoward results. Within three years twilight sleep will be almost unknown except in cases where it is indicated. That word "indicated" does not mean anything to the old school authorities, but it does mean a good deal to every one of us.

THE MAKE-UP MAN AS HUMORIST

SAMMY, NICK, GEORGE, ELLEN, EMILY, ALEX

Theory

George Senseney, president of the Society of Etchers in "Art as a Vocation for Women," "between cups of tea at the College Club":

"If the feminine in a woman's mind absolutely predominates, she will occupy herself in trivial, fanciful, and charming pursuits, such as taking care of children."

Fact

E. L. Angelitch's letter to the board of assessors' formal notice to "file all personal property":

"Gentlemen: Our personal property is six small children and furniture, second hand, worth $60. I am working in the stockyards for $1.60 a day."

Parallel columns, Chicago Daily Tribune, April 15, 1916.

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D. . . . . EDITOR

JOURNAL COMMITTEE

J. P. SUTHERLAND, M. D., Chairman J. RICHEY HORNER, A. M., M. D.
CHARLES E. SAWYER, M. D. FREDERICK M. DEARBORN, A. M., M. D.
SARAH M. HOBSON, Secretary of the Institute

Publication of an article in the Journal does not thereby secure the endorsement of the American Institute of Homœopathy. The Journal is the publicity organ of the entire Institute membership and is conducted by the Journal Committee in behalf of good-fellowship and medical progress.

Address all communications to **The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Ill.**

Vol. VIII MAY, 1916 No. 11

EDITORIAL

The Baltimore Program. The Committee on Local Arrangements for the Baltimore session present in this issue an attractive program of pleasure to accompany the business and bureau sessions. All who know the loveliness of June in the hill country will read the announcement with joy. The historic setting of Baltimore makes a strong appeal just now to all citizens of the United States. The program schedule will be carried out as published last month with a slight modification on Friday afternoon to provide for the late afternoon steamboat ride down the Bay.

The College Alliance. The February program of the College Alliance was a group of papers on Laboratory Teaching, Clinical and Materia Medica Teaching, and Propaganda. Several members gave informal talks on the subjects assigned. One or two papers are published elsewhere. The papers which have come to the JOURNAL are presented in this issue. The Alliance voted to have another session during that of the Institute at Baltimore and a part of the Tuesday morning Bureau of Homœopathy will be turned over to the Alliance officers.

The suggestion is made that when an essayist chooses to talk extemporaneously on a program, he submit to the JOURNAL a synopsis of what he intends to say, or what he wishes he had said. The pedagogical aspect of the Alliance is set forth in these papers. Another opportunity of the Alliance is suggested by Dr. Copeland's address, "A Model Medical Practice Act." This is a good number to pass on to your prospective medical student. *S. M. H.*

A Respectable Minority. What are the rights of a respectable minority? David tried it. Sparta tried it. The Nazarene might be cited as an example. Huss, Luther, Calvin and Wesley met it. Switzerland, Holland, Denmark, Belgium and Poland (plucky Belgium and wretched Poland!) are in the maelstrom now. The American colonies were reckoned scarcely a respectable minority in 1775; neither was the temperance group eighty years ago, nor the party for clean politics and honest big business thirty years ago. Some of these have been absorbed, but not destroyed. Others have won a place in history. Just so far as our colleges are making efficient medical practitioners for every group in our national life, just so far may they declare their independence and fight. But the fight may have to be carried into the courts. And that means a defense fund adequate to meet a determined opposition fought out in the same courts.

In the JOURNAL of January, 1914, the president of the College Alliance wrote:

> There are some men even in our own school who believe undergraduate homœopathic medical colleges are unnecessary and unadvisable. They advocate sending students to old school colleges until the doctor's degree is conferred, and then taking them for a year's work in homœopathy alone. * * * He has not eyes to see nor ears to hear who fails to see the relationship between our colleges and the influence of homœopathy in any state or country. * * * Founded to foster the interests of the homœopathic colleges, hospitals and other institutions, the College Alliance of the American Institute of Homœopathy will assemble in Chicago next month for its second an-

nual meeting. Definite plans will be presented for maintaining and defending the vested right of our colleges and graduates.

Most of the work thus far has been defensive, made compulsory by the demands of the dominant majority. The most aggressively offensive work (and it has been very offensive to some of our critics) has been the establishment of a medical department in the Ohio State University, with its free dispensary and appropriation for a $60,000 hospital. A respectable minority has the undoubted right to fight. Time in its usual inexorable fashion will assert its prerogative to announce the ultimate decision. *S. M. H.*

Federation. Federation is not yet a reality. The plan of federating, the apportionment of delegates and other incidental matters will be discussed at the Baltimore meeting. It has been thought best to start with delegates from the state and local societies. This will be in the nature of a mass meeting for the delegates to adopt a policy and to make recommendations to the Institute. Eventually, every homœopathic society, club, hospital staff, college faculty and journal should be represented. The initiative has been to request the presidents of state and local societies to send delegates to Baltimore to attend the so-called Congress of States. "So-called Congress of States," because the Congress of States, as outlined in the scheme for federation cannot exist until authorized by the American Institute of Homœopathy, through legislative action.

Work up to this time has been a labor of publicity for the Institute and constituent societies. The fact that federation is being much talked about is an endorsement. Letters are pouring in from all parts of the country favoring the movement and offering support. One very important thing to be accomplished is action on revision of the Constitution and By-laws. Members are urged to read carefully the revision presented at Chicago with federation in mind. Federation of the Institute and constituent societies should go a long way toward increasing activity and interest in things homœopathic. *S. P.*

Seniority at Forty-Six. Anent the editorial by Dr. Moffatt, in reference to the Seniors of the Institute, which appeared in a recent number of this JOURNAL, I have to say that I am most cordially in accord with him in his opinion therein expressed.

That a member of the Institute may arrive at his Seniority at the age of forty-six, when he is presumably at the zenith of his professional ability to earn a considerable amount of money, and that just because of his becoming a Senior, he should be exempt from the further payment of dues into the Institute treasury, seems to me to be a very serious mistake. I hope this matter will be taken up by the committee on Revision of the Constitution and By-laws and will be changed.

I believe that members of the Institute should be so grateful to the Institute for what it has and can do for them as an organization, that they should be anxious to support it by their contributions of annual dues, as long as they have the ability to earn anything at all by their profession.

As Dr. Moffat says, it is a serious detriment to the treasury which should be remedied immediately, and I most seriously and emphatically urge that the matter be attended to at the coming meeting of the Institute. *H. C. A.*

The Unheralded Country Doctor. The President of the Institute received the following letter from Dr. James Hamblin, of Granville, Vt., one of the country practitioners who is doing unostentatious but honest hard work in behalf of homœopathic therapeutics and public health: "I am an old vet of 1861 to 1865, and of the homœopathic system since 1871. I am seventy-two years old, of little use to the school, but my heart is just as big for its prosperity as it ever was. I would be glad to be among the boys for fight. I am only waiting for the last roll call, and will then bid you 'good bye' with my best wishes for the school." The life of a country doctor traveling over the hills of Vermont, a state which has only three or four towns of a population exceeding 10,000, is far from being a lucrative practice. All honor to the man who sends so loyal a message in response to your President's appeal. *H. C. A.*

Sachs, Favill and Rodman. Not only the medical profession, but the country stands aghast at the tragedy in the death of Dr. Theodore Sachs. "I am weary." "Save the Sanitarium." It was sudden and shocking. Hundreds of others are being put to death, more slowly, but just as surely, by the greed and envy of brutal competitors.

That Dr. Favill, the apostle of preventive medicine, and Dr. Rodman, President of the American Medical Association, both in active work at the recent February Conferences, should have succumbed to pneumonia, emphasizes the recent publicity of pneumonia mortality, "ten to thirty per cent." Uncomplicated pneumonia ought not to have such a mortality. If complications are responsible, they should be accurately listed. No one disease should be made to bear an unwarranted stigma. Once upon a time, the coroner was called to advise upon a baby who "just died" without any assignable cause. "Call it pneumonia," he said, "we don't post babies." The number of deaths each year of men from forty-five to sixty, when they are doing their best work, ought to enlist such searching investigation and remedial measures as to reduce this annual destruction of valuable life. *S. M. H.*

Legislation in Behalf of Indigent Tuberculous Patients. The bill introduced into both houses of Congress last January is published in full on another page. The bill is free from technicalities and provides that hospitals for indigent migrants be given aid from the Federal treasury to the extent of seventy-five cents per day, and that the State pay an equal amount. Provision is also made for making these hospitals conform to an equitable standard in construction and equipment, so that the indigent tuberculous migrant shall be less of a peril to himself and to the community. *S. M. H.*

Erroneous Statements. A communication has come to the office of the JOURNAL calling attention to the "half truths and erroneous statements" of a contemporary publication. The writer suggests the publication of these "erroneous statements" and

the name of the journal involved. Within the past three months, another reputable (?) journal made a glaringly false statement relative to one of our homœopathic medical colleges. Journals have sometimes made false statements deliberately for the sake of using "protests" as proof of their widespread popularity, and utilized the number of protests directly for advertising copy. We surmise both of these instances of "erroneous statements" had their origin in this purpose. If we spent our time denying all the false statements on the printed page, there would be no time for constructive work. We believe one object of the proposed federation should be *a defense fund, sustained by a definite percentage of every annual membership fee.* Then, when a lie is published, carry it to the civil courts. S. M. H.

Medical Sociology. Five publications lie on the desk stirring up many questions on the relation of the patient and doctor to the existing social order. The Russell Sage Foundation presents a report from the city of Springfield, Illinois, showing that in the year 1913 1,764 families received some kind of charitable help. Springfield is a city of 60,000. Reckoning three to a family, one out of every twelve was an object of charity! The eleven factors cited, in making these families dependent, are easily reduced to two, ill-health and mental deficiency. The second paper is the announcement of the annual distribution of $2,000,000 from the Rockefeller Foundation to such organizations as are named by the trustees. Such gifts would be received with more joy if not alloyed by specific knowledge of the meagre salaries paid eager young men on the teaching staff of some of the institutions notably associated with the name of Rockefeller. To limit the salary of a teaching faculty by the trade rule of *supply and demand* until a youthful instructor and his wife do not dare have more than two children, lest his poverty forfeit his chance for fellowship in graduate work is a sorry comment on a Foundation "to promote the well being of mankind throughout the world." The next is the announcement of one phase of the work being done

tor the studious and ambitious boy or girl between fourteen and sixteen, who faces the necessity of leaving school to become a wage-earner, to contribute one to three dollars a week to the family purse. Fifteen thousand children under 16 leave school each year in Chicago to make such a contribution. The Vocational Committee is spending a budget of $300 a month helping a small group of such children to stay in school until a dilatory school board shall establish the continuation schools which the municipality owes to its children. The fourth is the appeal of the United Charities for relief for 15,000 women and children. The husbands and fathers of these 15,000 are reported "insane, feeble-minded, epileptic, deserted, imprisoned, sick." The medical profession ought diligently to follow up the demand that the first three groups, the insane, the feeble-minded and the epileptic, be relieved through surgical operation from the future possibility of reproduction. The deserting partner should be run down and put at supervised labor, and his wages turned over to his family. Two-thirds the earnings of men in prison ought to be turned over to the family. The fifth disturbance of the editor's peace is further discussion on Compulsory Health Insurance. Medical service is individual. The relation of patient to doctor is a personal relation. Life may be just as precious and health may be more important to the man who can pay nothing than to the man who can pay an adequate fee. The honest doctor makes no distinction in quality of service rendered. Health insurance in Germany is reported to bear unrighteously on the medical profession, while in England the working out of legislation is credited with furnishing inferior service to the poor. America has the opportunity of working out a solution which shall conserve financial capital, release the recipient from the stigma of charity and give the physician adequate compensation. *S. M. H.*

The Doctor's Wife. Among the announcements this month appears that of the Meissen, the social organization of the wives, daughters and sisters of the members of the Institute.

These home makers are an important factor in the doctor's life quite apart from the ordinary offices of social and family life. To any one observant of telephone conversations it is obvious that the general practitioner who has the best attended telephone will get the business. And the partner who has a vital interest in the business can do it best. In a hundred other ways the home-director makes or mars the professional life of the money-producer. This may not be altogether in line with today's feminism, but the stress of professional life is best borne when the conditions of relaxation at home are ideal. The ladies of the Meissen fill the Institute week with gaiety and frolic. We do not know whether they ever tell the true story of their contribution to the family professional reputation. If they do, we doubt not it would read a tale of devotion similar to that contributed in this issue of the wife of Constantine Hering. *S. M. H.*

Constantine Hering. The library of the Institute has received another contribution of valuable homœopathic literature. This is a copy of the Memorial of Constantine Hering, bearing date of 1880, the year of his death. The intervening thirty-six years have brought into the medical field a whole generation of younger practitioners, and of many of them it might be said, as of the ancient kings of Egypt, "They knew not Joseph." Accompanying this memorial volume was a budget of comment on the biography of Dr. Hering published in the JOURNAL a year ago, and also two hitherto unpublished letters touching the lives of Hering and Hahnemann. The surplus money of our organization cannot be spent better than in a campaign of publicity of the best things in homœopathic therapeutics. *S. M. H.*

ENTERTAINMENT AT BALTIMORE

The Entertainment Committee is considering various points of interest in and near Baltimore which may be attractive to the visiting physicians and their families and friends who will be with us during the American Institute meeting in June.

In our State and adjacent sections are quite a few places of interest, historically and otherwise, so it is our desire to bring them to the attention of our guests during the week of the meeting and also, to present it in the JOURNAL, as this earlier suggestion may help our prospective visitors in planning side trips of interest to them.

Our Automobile Committee is arranging for garage room, convenient to Institute headquarters, wherein cars may be stored and cared for, and we all hope that many of the visitors will travel to Baltimore in their automobiles. While we realize that the main object of the Institute meeting is the important work for which it is called, we know that there will be hours and longer periods during that week not so occupied and, therefore, available for sightseeing in Baltimore and the territory adjacent. Hence, it is the intention of this Committee to provide our guests with information which will tell them of the many interesting places hereabout. We have secured for their assistance a map of the streets and roads which lead directly to these places. We know how difficult it is for a stranger to find his way on the streets of a city and through its suburbs to the open road, so we have tried to map plainly the most direct route in each instance.

Each day during the session we will give trips in automobiles through Baltimore and its suburbs. Our Automobile Committee has arranged to supply the transportation and while on each trip it will of necessity be limited, an opportunity is to be given daily and at one time or another all of our guests who wish to take such a trip will have a chance to do so.

To the Doctor who is coming to Baltimore in his own car, we wish to say that in Maryland and adjoining States there are many fine roads. Those who bring their cars will be glad that they did so, for in driving a few hours they will find a wide variety of beautiful scenery and much else of interest. Of the National Pike, the old National Road which Braddock built and George Washington helped survey, about three hundred miles are in Maryland. From Baltimore to Cumberland, about two hundred

miles, this road is in splendid condition for driving, of smooth, hard surface throughout and of easy grade, although it crosses several spurs of the Blue Ridge Mountains.

This mountain scenery and the rich farm land of the valley must prove interesting to the visitors. For those who have traveled over the country, through the Rockies, the Sierras, Wasatch or Selkirks, though the Blue Ridge is not so massive as its sister ranges, it will present wonderful beauty owing to its verdant richness, and in other ways by which nature gives to each mountain chain its particular mark of loveliness, these mountains, of which we are so proud and which we love, will afford to our guests an interest and attraction which must make them glad always that they traveled to Baltimore by automobile, so that they may journey by comfortable roads through this beautiful land of mountain and valley that in June is at the very zenith of its natural beauty.

The same National Pike (top surface now in a way that makes it smooth almost as a ballroom floor) reaches several points of interest to all. Frederick, the site of the Old Fort Frederick of Ante-Revolution days, and in which town occurred the Barbara Frietchie incident (concerning which Mr. Whittier, at least, felt certain) of a later period, is just forty-four miles from Baltimore, and a gratifying forty-four this will be to the Doctor, who, with an efficient motor, striking capably on "all four" or "six" or on what other multiple of either in cylinders it may be his privilege to drive, rides up the "Pike" at a gait that will allow him to observe the scenery, or, if he wants speed only, to a degree which makes things along the road slide by in a delightful blur. The "Pike" will stand for that also.

Gettysburg is reached by way of the National Road to Frederick, then to Emmettsburg and from there to Gettysburg. For those who are interested in the history of our Civil War, this town, of course, is the Mecca. There were other great battles, many of them, in the war which from Gray and Blue exacted a maximum of manly courage, but Gettysburg, as they tell it, was the "High-water Mark" of the struggle and from many view points certainly was a great battle, of a great war between men, North and South, of the best blood that ever flowed and wherein those same men fought to an understanding, that today causes them to stand together as a nation, a people, which is of the best and we believe *the* best on earth. The Gettysburg field is well marked and well mapped and from whatever section of the

country our visitors come, they will find this great battle field interesting.

The National Road leads also, and even more nearly, to the site of two other big battle fields in rather close proximity to each other. The Battle Field of South Mountain lies along the Pike and immediately to each side. The road itself, in fact, was jealously defended by General Lee, his rear-guard facing about many times for the purpose, as the main gray column marched upon it. And when finally his battle line was formed on the crest of South Mountain, the road was its center and upon it, his militant vis-a-vis, General McClellan, "dressed" his blue divisions preparatory to charging up those rugged heights in their attack upon the gray people.

At the "Mountain House," where Turner's Gap gives the automobilist an easy way over South Mountain, there are at the roadside a number of tablets which tell, chronologically, the details of the battle, of how Lee fought bravely during all of one September Sabbath to hold the blue men back until his Lieutenant, Stonewall Jackson, detached from the gray army at Frederick, could have time to march by a wide detour to Harper's Ferry, capture that post with its various stores, principally ammunition, and join his chief at the Antietam.

These iron tablets tell, too, of the wonderful charge made by the blue army up the east slope of the Mountain, with gray infantry and gray batteries hammering them at close range, their lines absolutely in the open, their attack upon an enemy ensconced in a most favorable position and among the natural defenses which their commander knew so well how to select, so on both sides that Sunday, as on other fields of the great war, was displayed a courage and skill that should make us remember their deeds, North and South, as a proud legacy.

Antietam battle field is situated six miles from the National Road, over a good pike. In this battle twenty-five thousand men were killed and wounded in one day, from dawn to dark, making of it the greatest single day's battle of the Civil War. The field is well marked, the lines of both sides being shown by means of tablets in a manner that gives the observer a clear, intelligent view of the many and complicated military movements that occurred on this field where two hundred thousand men were engaged on a four-mile front.

Washington, the Nation's Capital, is but forty miles from Baltimore, and by a splendid road. Doubtless, a trip to that city will

be very attractive to those of our visitors who bring their cars. As a sightseeing trip, it may easily be done in two hours, and, once again, those who enjoy a speedy run, if they but step upon their foot throttle with sufficient force, may shorten that schedule materially. Neither in Washington nor in Baltimore nor on our country roads will the visitor experience any difficulty regarding a right to motor where he chooses. His own license, be it pink, blue, yellow, or a blend of colors, will accord him that right. Automobilists coming from the east, via Wilmington, will find an excellent road through Maryland. We mention this particularly, since in former years, the highway leading from the Susquehanna River to Baltimore was in bad condition.

From Washington, D. C., an excellent State road runs for sixty miles into Southern Maryland. In this section, largely devoted to tobacco farming, there is much of interest. Many small towns lie along the route and between them the farms and woodland, interspersed by streams, present a delightful picture to the automobilist during his run to the end of this road, down to where the great Potomac River empties its waters into Chesapeake Bay. This is an old section of our country, it having been settled early, and near the State Road is a monument which marks the spot where Lord Baltimore landed upon his arrival from England, he having been accorded a large grant of land in what is now Southern Maryland.

To Annapolis runs an equally good road, smooth as a well-kept asphalt surface can be. On the way out of Baltimore, over Long Bridge, an arm of the Patapsco River is crossed, and a view of the harbor in part, of the great steel works at Sparrow's Point in the distance and of the Upper Bay, is available to the traveler. Fort McHenry, historic, among other things, as the scene of Francis Scott Key's inspiration concerning the National Emblem, is but a few squares off of this route.

Annapolis is about twenty-five miles from Baltimore. This town is interesting, particularly to those who admire the architectural lines followed by home builders in Colonial days, for Annapolis is an old city and many of its houses were built a century or more ago. The State House, erected in recent years, is interesting as a beautiful building and for the many old portraits and relics which it houses.

The Naval Academy, of course, is the main object of interest to visitors. This school, since it trains our naval officers, is of national interest. Few of the old buildings remain, but open to

the visitors are the many new structures which compose this great naval academy, and while other navies may outclass us numerically, there is no greater school on earth in which officers for that service are trained.

The foregoing includes some of the many points of interest in our state which are easily available to the automobilist. All may be reached by railroad or boat, but we wish particularly to mention that by automobile many of them are but a few hours' journey from Baltimore and by roads which in this day of good highways are second to none. Since our Automobile Committee is arranging every convenience for those of the visitors who bring their cars, and since we feel that during the hours between sessions of the Institute so many drives, replete with places of interest and beautiful scenery along the way, are available to those who travel as suggested, we are very anxious to give this information, through the courtesy of the JOURNAL, early enough before the June meeting to allow many of our prospective guests to arrange the trip to Baltimore in their cars.

H. M. Stevenson,
Chairman Entertainment Committee.
J. Ward Wisner, M. D.,
Chairman Automobile Committee.

THE HOSPITALITY OF WASHINGTON

The Washington Homœopathic Medical Society has appointed a committee to arrange for the entertainment of such members as wish to spend a day in Washington after the Institute session in Baltimore.

Saturday afternoon, July 1st, has been selected as the time best suited to the members and their friends.

Headquarters will be established at the New Ebbitt House, where a committee will be present to furnish information as to the most interesting places to visit in a short space of time. This committee will provide for an automobile ride about the city, leaving the hotel at one o'clock.

Arrangements will also be made with the golf clubs to accommodate those who may wish to enjoy a game of golf while in our city.

Those intending to stop over in Washington will aid the

committee by notifying it in advance so that suitable arrangements can be made to accommodate all who may come.

R. Kinsgman, Chairman,
711 E. Capitol St.,
W. R. King,
L. B. Swormstedt,
G. C. Birdsall,
F. A. Swartwout,
L. D. Wilson.

ANNOUNCEMENTS

Open Your Mail

The Institute at Chicago in 1915 ordered that the *Report of the Revision Committee* be printed in full in the JOURNAL and and that reprints of this report be distributed to the members of the Institute one month before the next annual meeting. This report on revision will be mailed during the month of May.

Open, read, come to Baltimore and vote.

To the Program Makers

All programs of Institute bureaus and affiliated societies should be in the hands of the Editor, May tenth, to insure a correct program in the June JOURNAL. Send your corrections and additions promptly to the Secretary, Marshall Field Building, Chicago.

To the Membership of the American Institute of Homœopathy, Greeting:—

The Local Committee of Arrangements for the June meeting of the American Institute of Homœopathy, joins with the Baltimore Bureau of Conventions in a Cordial Invitation to every member of the Institute to attend the coming meeting.

The Seventy-Second Meeting of the Institute is less than three months off. Begin now to make your plans for attending this convention.

Some of the Attractions of This Meeting

1. The Congress of States; the object being the organization of the homœopathic profession of the United States into one great solidarity for the perpetuation of homœopathy, and the unification of interests and the protection of individual members of the profession.

2. One of the finest bureau programs ever formulated; including the best and most modern ideas in medicine, surgery and physical therapeutics, and the specialties, from all of which something helpful may be drawn by each one of us.

3. A Special Feature: The Philadelphia Hahnemann Medical College exhibit of growing, flowering medicinal plants.

4. The Hospitality of Baltimore; including historic scenes, excursions by rail, steamboat, and automobile; music, dancing, collations, etc.

Headquarters: Emerson.—See p. 12, "Baltimore, the Convention City." (A copy will be mailed to each member.)

On Saturday, July 1, 1916,—the day immediately following adjournment of the Institute—the Washington profession extend an invitation to members of the Institute to visit that city, where special features of entertainment will be provided. the details of which will be announced later.

We hope this advance notice will be acceptable and sufficiently suggestive of the good things the City, the Institute, and the Local Committee will offer to induce the largest attendance in the history of the American Institute of Homœopathy.

Sunday: Memorial Exercises, fully arranged.

Monday: Presidential Evening. Program in course of completion.

Tuesday: Meissen at Bayshore, to be joined in evening by Institute. Sea Food Supper. Leave Emerson at 6:15 p. m.

Wednesday evening: Dinners. Seniors; alumni; fraternities.

Thursday: Still open, excepting possibly for Alpha Sigma Frat., which may hold reunion. Up to date a "go as you please" evening. (Possibly something will be arranged.)

Friday: Steamboat excursion, sailing at 4:30 p. m., touching at some point to be determined, and returning not too late.

Trolley trips to Annapolis every day for those who have time to leave bureau and committee work. Automobiles daily at all hours at the service of those who have an opportunity to leave for an hour or more to visit historical Baltimore and vicinity.

Saturday: Washington. Special features provided by the profession of that city. Institute members are urged to remain for the Friday excursion and a visit to Washington, one of the most beautiful cities in the world.

Campaign for New Members

The Committee for New Members is making a special canvass among the graduates of the last five years, who are not already enrolled in our membership. Will not each reader of the JOURNAL assist the Committee and interview some non-member in his locality, enlisting his interest in the Institute and secure his application and forward it immediately to the Committee?

R. Milton Richards, Chairman,
1329 David Whitney Bldg., Detroit.

The Meissen

Arrangements have been completed for the Meissen to have the use of the Tea Room on the Lobby floor of the Emerson. This is a spacious room opposite the main dining room and admirably adapted to the convenience of the guests at the hotel or the resident members. The following is the list of officers for the year 1915-1916:

President, Mrs. A. H. Gordon, 858 N. LaSalle St., Chicago.
First Vice-President, Mrs. W. G. Crump, New York.
Second Vice-President, Mrs. H. R. Chislett, Chicago.
Vice-President, ex-officio, Mrs. H. C. Aldrich, Minneapolis.
Secretary, Mrs. T. E. Costain, 4459 Berkeley Ave., Chicago.
Treasurer, Mrs. J. W. Harris, Denver.
Chairman of Entertainment, Dr. Marie Letitia Ingram, 2439 N. Charles St., Baltimore.
Chairman of Hospitality, Mrs. Geo. W. De Hoff, 2020 N. Calvert St., Baltimore.

The Institute Special to Baltimore

As the time for the meeting of the American Institute of Homœopathy at Baltimore approaches the interest in the special train is becoming more manifest. The District Passenger Agent of the B. & O. says that the number of inquiries in regard to the trip and the number of reservations is greater than it has ever been at this time of the year. This means that our members now appreciate the benefits of our having a special train. Also it means that the number going to the meeting is going to be unusually large. In order that the proper accommodations may be planned for, write to the chairman of the committee on transportation or to Mr. P. C. Benedict at once and make your reservation.

This special train is going to be something to talk to your friends about. There has never been so fine a train sent out from Chicago as is this one going to be. Remember it is an all steel train and solid Pullman. The special features to be furnished in order to make the trip a pleasant one are impossible to tell now. You will have to go on it to know about them.

Aside from the comforts of going on the special will be the pleasure of going with old friends and meeting new ones. Those who have gone on the special train in past years need not to be told of the good fellowship that is to be found on it. Those making the trip for the first time will find it so wonderful that they will always make a point of being on the special in the future.

Remember that you can purchase your ticket to New York and return cheaper than to Baltimore and return. By buying through to New York you get stop-overs at Washington, Philadelphia, Atlantic City, Pittsburgh and any other points desired, either going or returning.

Make the reservation of your accommodations on the train NOW.

C. A. Harkness, Chairman Transportation Com.,
29 E. Madison St., Chicago.

Bureau of Clinical Research

Dr. Fritz C. Askenstedt announces the following bureau: H. P. Fischbach, Secretary, Newport, Ky.; G. O. Erni, New Albany, Ind.; Mary E. Hopkins, Louisville, Ky.; L. E. Bracken, Columbus, Ind.; F. C. Askenstedt, Louisville, Chairman.

Bureau of Sanitary Science

Dr. Florence Richardson submits the following program: Assistant Surgeon General J. W. Trask will give an address on Public Health at the Institute session at eleven o'clock, Thursday morning. Members of the Institute will give the following papers: Preparedness, Hills Cole, New York City; Militant Homœopathy in Big Business, Frank Wieland, Chicago; The Economic Value of Health, Alonzo H. Waterman, Chicago; Subject to be announced, Alton S. Fell, Trenton, N. J.

Bureau of Dermatology and G. U. Diseases

Dr. Everett Rowell announces the following program: X-Ray Treatment of Tinea Tonsurans, Frederick M. Dearborn, New York City; A Plea for the Early Diagnosis of Urinary Tuberculosis, Russell Sprague, Rochester, N. Y.; Circumcision, James Krauss, Boston; Plan and Scope of Lumbar Incisions, Joseph Fobes, New York City; Function of the Kidneys, Louis R. Kaufmann, New York City; Syphilis of the Central Nervous System, Everett Rowell, Stamford, Conn.; The End Result of Fulguration of Papillomatous and Other Tumors of the Urinary Bladder, L. T. Ashcraft, Philadelphia; The Modern Abortive Treatment of Neisser Infections of the Urethra, Victor Washburn, Wilmington, Del.; Syphilis of the Central Nervous System, Everett Rowell, Stamford, Conn.

Obstetrical Society

Dr. Huntoon, Secretary, announces papers from Dr. John E. James, Dr. Southwick of Boston, Dr. Allen of Brooklyn and the Secretary. All members of the Institute doing obstetrical work are requested to read the business minutes published in this issue and the retiring president's address, published in the JOURNAL, page 243, September, 1915. There are three nominations for Governors to be made to the College of Surgeons in June. The executive committees of the Obstetrical and the S. and G. ought to get together and unite surgical

obstetrics and surgical gynecology. The surgeon who has to do with the saving of lives in the delivery room ought to be fairly represented in the College of Surgeons.

Surgical and Gynecological Society

Dr. Young announces that with only two afternoon and one morning session an effort will be made to have fewer papers on the S. & G. program. Each paper will be scrutinized for scientific value in accord with the effort to make the Society essentially a society of surgical specialists.

National Society of Physical Therapeutics

Dr. Harlan P. Cole makes the following announcement: Our prospects are very flattering. Dr. William H. King of New York, will tell us all about New Apparatus, Dr. Dieffenbach has three papers on Hydrotherapy, Dr. Cora S. King three on Dietetics, Dr. Williams of Hot Springs, Va., has two on Kinesitherapy, Dr. Rollin Stevens of Detroit is a past master on Roentgenology, and I am going to try to explain the Aim, Scope and Purpose of Physical Therapeutics in the remarks the President is expected to make.

O. O. and L. Society

The O. O. and L. Society has divided its sessions into two sections: a clinical one meeting in New York, June 23 and 24, with headquarters at the McAlpine; and a bureau section, meeting in Baltimore, June 26 and 27, with headquarters at the Emerson. The program in full will be published in the June issue of the *O. O. and L. Journal* and also in the Institute JOURNAL.

To Every Essayist on the 1916 Program

It is the aim of the Press Committee to give the American Institute extensive publicity through the Associated Press and the International News, which control practically all the newspapers of the United States.

You are scheduled for a paper at the Baltimore meeting. Will you kindly send me a copy of your paper before June 1st? Extracts will be made and due credit given you. These extracts must be in the hands of the press before June 10th.

This is important, and I trust you will assist me by complying with this request at the earliest date. Synopses will not do; we must have the complete paper.

Keep this notice before you. Do not pigeon-hole or destroy it. Send a copy of your paper before June 10th to

Scott Parsons, Chairman Press Committee, Wall Bldg., St. Louis, Mo.

To the Presidents of State and Local Societies:

From Scott Parsons, M. D., Special Representative, Council on Medical Education

There will be a meeting of the Congress of States at the Baltimore session of the American Institute, Tuesday, June 27th, at 9 a. m.

At this meeting the question of federating our state and local societies with the American Institute will be considered. Ways and means for bringing about this most important movement will be presented, and it is desirous that every state and local society have representation at this Congress.

Will you kindly appoint two or more delegates from your society, *who are members of the American Institute, and who you know will attend.*

Federation has the approval of the Board of Trustees of the American Institute and has been sanctioned by the majority of the state societies, and we are desirous to launch the project at Baltimore. Will you kindly give this your earnest consideration?

Stereopticon and Screen at Baltimore

Any essayist wishing the use of stereopticon and screen or any other special arrangement for the presentation of his paper, is requested to communicate directly with Dr. Maurice Shamer, 548 N. Fulton Ave., Baltimore.

Homœopathic Publications at the Institute

Our well-known publishing houses, Boericke & Tafel and Boericke & Runyon, will probably exhibit their publications as usual at Baltimore. In addition to these publications, some of our members have work done by other publishing houses. A table will be displayed with these miscellaneous books. Any member possessing such publications is invited to send to the Secretary a postcard announcing his willingness to bring sample copies of his published work for exhibit.

Editors of homœopathic magazines are also invited to furnish one file of the current year and sample copies of their publications for distribution.

A Work of Reconstruction

The Belgian Scholarship Committee was founded about a year ago in Washington. At first it confined its activities to the District of Columbia and its aim was simply to collect money for destitute scholars, but its scope has become broader. The committee now includes among its members the Presidents or Chancellors of Johns Hopkins, Princeton, Michigan, Missouri, Leland Stanford, Pennsylvania, George Wash-

ington, State of New York, Nebraska, Rice Institute, Western Reserve, and many other leading men of this country.

The aims of the Belgian Scholarship Committee are the following: (1) To give to the Belgian scholars, writers and artists a chance to resume their work of art or science. To accomplish this aim the Belgian Scholarship Committee acts as a clearing bureau between the American Universities, and other educational institutions and the Belgian victims of the war. (2) To raise a fund for the reconstruction of a new and better Belgium, especially in the educational field.

The appeal is made both for books, to be delivered after the war is at an end, and for money to carry on an educational administration. For details of the movement, any one interested in this work of reconstruction, which will make for international peace and friendship, may address the secretary, George Sarton, D. Sc., 309 Wilkins Bldg., Washington, D. C.

League to Enforce Peace

In response to the invitation to send delegates to the Annual Assemblage of the American Branch, President Aldrich appointed the president and secretary of the Washington Homœopathic Medical Society, Dr. Frank A. Swartwout and Dr. Louise Ross. The meeting will be held at the New Willard, Washington, May 26th and 27th.

Applications for Membership

Guy L. Breon, M. D., Canton, Kans.

Asa J. Hammond, M. D., 616 Masonic Temple, Minneapolis, Minn.

Clifford C. Leck, M. D., Austin, Minn.

Tilman H. Plank, M. D., 1612 Heyworth Bldg., Chicago, Ill.

Harriet E. Reeves, M. D., 283 Vinton St., Melrose Highlands, Mass.

Cortlandt W. Schepeler, M. D., Brooklyn, Mich.

International Homœopathic Association

The International Homœopathic Association will hold its annual meeting in Philadelphia, June 22 to 24, inclusive. This will give an opportunity for the members of the International to come to Baltimore for the Institute session. Further details will be published in the June JOURNAL.

WISCONSIN HOMŒOPATHIC MEDICAL SOCIETY

Announcement by the Secretary, Dr. Hopkins

Hotel Wisconsin, Milwaukee, May 17 and 18, 1916

Wednesday, May 17, 10 to 11 a m.

Address of Welcome. Response.

Annual Address of President.....S. W. Murphy, Kenosha

Business Session.

Gynecology and Obstetrics—11 a. m. to 12:30 p. m.....
..... F. T. Clark, Chairman, Waupun

Dr. Clark has a good line up of papers in view, but is not yet able to give the personnel of the program.

1:30-2:30 p. m.

Business. Election of Officers.

Ophthalmology, Otology and Laryngology—2 to 3:30 p. m.....
..... W. N. Linn, M. D., Chairman, Oshkosh

Symptoms for the Use of Glasses and How Early Should Glasses be Fitted.....Carleton A. Harkness, Chicago

New Methods of Treating Nasal Infections.....Alva Sowers, Chicago

Paper—Subject to be announced.....John E. Guy, Milwaukee

Bureau of Surgery—3:30 to 5:30 p. m.....
.....John F. Schneider, Chairman, Oshkosh

The Prostate Gland.....Frank Wieland, Chicago

The Treatment of Burns.....William H. Remer, Chaseburg

Differential Diagnosis of Right Iliac Pain.....
.....John F. Schneider, Oshkosh

It is also expected that Dr. Runnels of Indianapolis will be present and furnish a paper for this bureau.

Wednesday, May 17, 1916, 6:30 p. m.

Banquet—Hotel Wisconsin.....John E. Guy, Milwaukee, Toastmaster

Thursday Morning, May 18, 1916.

Business Session—9-9:30 a. m.

Bureau of Materia Medica and Homœopathy.....
.....Edith V. Bartlett, M. D., Chairman, Janesville

Materia Medica for the General Practitioner..Sarah M. Hobson, Chicago

A Case .....Mary E. Bartlett, Beloit

Viburnum Opulus in Permanent Dysmenorrhea.....
.....Mary C. Cornell, Chicago

Medorrhinum.....A. H. Grimmer, Chicago

Pediatrics—11 to 12:30.....Belle P. Nair, Chairman, Winnebago

Symposium—The Defective Child.

Etiology, Classification, Education.

These topics have been assigned but there is some doubt as to just who is to handle each topic. Dr. Nair is endeavoring to obtain experts who have been in the habit of handling these cases. This will assure us an interesting and instructive time.

Unfinished Business—1:30 to 2:30.

Bureau of Clinical Medicine—2:30 to 4:00.....
.....D. S. Runnels, M. D., Chairman, Appleton

Symposium on Neurasthenia:

From the View Point of the General Practitioner.....
..... G. H. Ripley, Kenosha
From the View Point of the Specialist.....Geo. F. Adams, Kenosha
From the View Point of the Surgeon.....E. H. Pratt, Chicago
Discussion of Dr. Ripley's Paper.....Dr. Haverstock, Sharon
Discussion of Dr. Adams' Paper.....Belle P. Nair, Winnebago
Discussion of Dr. Pratt's Paper.....F. E. Brown, Milwaukee

CORRESPONDENCE

Revision of the Constitution

Editor Journal American Institute of Homœopathy:

Dear Doctor: Next June, in Baltimore, the Institute is to pass upon the report of the committee on the Amendment to Article I of the Constitution and the report of the committee on the Revision of the Constitution and By-Laws. The recommendations of the latter committee are printed in the August JOURNAL of 1915, pp. 210-224. Comments are invited. The following comments are made, mindful only of the interests of the Institute and of homœopathy, mindful that the interests of the Institute are the interests of homœopathy and that the interests of homœopathy are the interests of the Institute.

Article I., Constitution:

The full amendment, namely, "to secure the general recognition and acceptance of homœopathy as the therapeutic method of symptomsimilarity indicated in medically curable constitutional diseases," gives the specific object of the Institute, the definition of homœopathy, and its exact position in scientific medicine.

The definition: *Homœopathy is the therapeutic method of symptomsimilarity,* is simple, clear, concise, since a word taken from it would leave it incomplete and a word added would be superfluous. In logic and in fact, the definition is valid since it is clear in form and precise in matter as to the genus and the difference, the necessary parts of a correct definition. How can a definition that gives the facts with clearness and precision confuse? Truth does not confuse. Why not, then, put the definition where it should be and where it will work the most good for homœopathy and for the Institute—in the constitution of the American Institute of Homœopathy whose single, undivided obect, however many accessory objects there may be, is: to make homœopathy the recognized and accepted property of scientific medicine?

If the writer of the article on Homœopathy in the Reference Handbook of the Medical Sciences contends that no one knows the definition of homœopathy, it may be pointed out that he certainly knows where to find the true definition of homœopathy

when he needs it to put into print. An entire paragraph of 170 words, taken word for word from page eight of my pamphlet on "The Question of Homœopathy," previously published in the Institute JOURNAL of March, 1913, pp. 936-945, not to speak of other more or less single statements, is incorporated in that article on Homœopathy in the Reference Handbook of the Medical Sciences. The paragraph contains the definition as given in the amendment.

Articles III., IV., Constitution:

There are to be a Board of Trustees and a Board of Control to be selected by the Board of Trustees. Then, both Boards, the Board of Trustees as the professional department and the Board of Control as the administrative department, are separately to administer the same business of the Institute (Articles VI, VII., Constitution; Article II., By-Laws, Sections 3, 4; Article IV., Section 5; Articles VII., VIII., Section 1; Article X., Sections 8, 9). Is it necessary to have two sets of cooks for the same broth?

The Board of Control "is to equip and maintain suitable offices and employ a general manager, an editor, a treasurer and such assistants as are needed to conduct the work of the administrative department." Has not the Board of Trustees now, and as a Board of Trustees should it not always have, the power to employ all necessary assistants to carry on the business of the Institute when the Institute is not in session? Must the Board of Trustees be made to elect an irresponsible Board of Control, "persons who may or may not be trustees of the Institute," to do the work for which the Board of Trustees, if it is to remain a Board of Trustees, should be responsible?

The Board of Trustees represents the Institute when the Institute is not in session, in fact, is the Institute when the Institute is not in session. When the Institute is in session, the Board of Trustees exists only by courtesy. In session, the Institute is supreme. I am aware that some members of the Board have on occasion felt that even in session the Institute was not supreme. However, if it came to a test, I believe any court would sustain the contention that when a master is in position to act the delegated right given to a servant ceases *ipso facto*. It is unreasonable to ask the Institute in session to order the Board of Trustees, the Institute when not in session, to elect a Board of Control for business with collateral but no subordinate responsibility to the Board of Trustees and without any direct responsibility to the Institute.

To replace the responsible office of Treasurer by an irresponsible Board of Control which is to employ a treasurer as a mere clerk, is, in my opinion, an unreasonable, if not an illegal proposition. The treasury was and is the main reason for the legal incorporation of the Institute and once removed from direct responsibility to the Institute the purpose of incorporation is lost.

Is it really necessary to divest ourselves, on the one hand, of our rights, and, on the other hand, of our corporate purpose?

Articles IV, VI., By-Laws:

"The coöperation of recent medical graduates" is sought by the offer of reductions in the amount of dues; but no provision is made to induce the many more thousands of older physicians to become members. Would the "coöperation" of older men not be at least as desirable and as fruitful as that of recent medical graduates whose medical opinions can hardly be expected to have crystallized sufficiently for valuable coöperation with a national body of medical men and women?

The only inducement for any physician, old or young, homœopathic or non-homœopathic, to join the Institute is the scientific sessions. The present bureaus conflict with one another and are inadequate. To give and retain general scientific zest, the Institute, as a central body, should present for its scientific work the field of medicine in general, central aspects and in consecutive, comprehensive order. If we are to revise our constitution and by-laws, now is the time to make bureaus that can fulfil scientific requirements, and for this purpose I would propose the displacement of the present seven by the following five bureaus with power of developing their own legitimate subdivisions:

1. The Bureau of Homœopathy and Materia Medica—to centralize the distinct scientific object of the Institute.

2. The Bureau of Anatomy and Surgery—to centralize mechanical therapeutics.

3. The Bureau of Physiology and Hygiene—to centralize so-called physiologic therapeutics and public and private sanitation.

4. The Bureau of Pathology and Medicine—to centralize medicinal therapeutics, empiric, theoretic and scientific.

5. The Bureau of Clinical Research—to centralize investigations and re-investigations, pathologic and therapeutic.

Each bureau should have one general session before the entire Institute and as many intervening sessions as its subdivisions may require and time permit, but no bureau nor subdivision of a bureau should conflict with the work of the other bureaus and their subdivisions. Affiliated sections and allied societies need thereby not be disturbed in their particular work.

Article V., By-Laws:

The business session of the third morning of the Institute is to be given over to a Congress of States. As the members of the Institute will, of necessity, be the delegates to this Congress, the Congress of States will be the Institute and the Institute will be the Congress of States. One day the Institute will retire and give way to itself as the Congress of States. The next day the Congress of States will retire and give way to the Institute.

This Congress is to do in one hour and a half what no other

human Congress can possibly do and should be expected to do in less time than as many days.

This Congress is to make its own "rules subject to prescribed regulations of the Institute," when there are no prescribed regulations, nor is there a provision for such prescribed regulations, nor is this Congress even to report to the Institute.

The Institute or its Board of Trustees may refer matters to this Congress, which the Congress may choose to consider but need not report upon. Is there any need for an Institute within the Institute?

We want but one great Institute. If the Congress is really to federate the homœopathic societies and institutions, let the Congress of States be subject to the Institute, let the Congress have its own sessions, have ample time, and plainly prescribed workable functions.

Article IX., By-Laws:

The medical course as outlined does not include homœopathy, when the open and comprehensive teaching of homœopathy should be the distinguishing mark of our schools.

Our schools are here to make physicians able to use clinical and laboratory means for the medical advantage of their patients, and to retain an abiding interest in the science and the art of medicine.

This can be accomplished only if we make our medical course represent in plain, understandable terms a complete medical curriculum headed with Homœopathy and Materia Medica as imperative studies and including as further studies Anatomy, Histology, Embryology; Physiology, Chemistry, Toxicology, Hygiene; Pathology, Bacteriology; Diagnostics and Therapeutics; Didactic, Clinical and Laboratory Medicine and Surgery with their specialties, these latter given in special courses on Gynecology, Obstetrics, Pediatrics, Orthopedics; Neurology and Insanity; Ophthalmology and Otology; Rhinology and Laryngology; Gastro-Intestinal and Rectal Diseases; Diseases of the Lungs and Heart; Genito-Urinary and Venereal Diseases; Skin Diseases; and, finally, a course on Medical Jurisprudence and Ethics.

Proposition:

I believe even the committee on the revision of the constitution and by-laws will admit that it will not be for the best interests of the Institute and of homœopathy to accept the recommendations of the committee as they stand in print and as they will come before the Institute in Baltimore, that it will not be for the best interests of the Institute and of homœopathy to sidetrack or to suppress the amendment to Article I of the Constitution, giving the specific object of the Institute, the definition of homœopathy, and its exact position in scientific medicine; and I herewith appeal to every member of the Institute for a united effort to assure us a simple, clear, workable, unconflicting consti-

tution and by-laws, if we must have a new constitution and by-laws; but above all, whether we are to have a new or to retain the old constitution and by-laws, to assure the incorporation of that in the constitution of the American Institute of Homœopathy without which an Institute of Homœopathy is inconceivable: the specific object of the Institute, the definition of homœapthy, and its exact position in scientific medicine: all of which are given in the full Amendment to Article I. of the Constitution.

I beg every member of the Institute to spare sufficient time from his labors to communicate with me by letter or in person so that arrangements may be made forthwith for making this united effort effective.

Respectfully,

James Krauss, M. D.,

Chairman Committee on the Definition of Homœopathy and on the Amendment to Article I. of the Constitution of the American Institute of Homœopathy.

419 Boyston St., Boston, Mass., March 7, 1916.

Why a Revision?

April 6, 1916.

To the Institute Membership:

The Institute meeting of 1906 was a notable one from many standpoints. The Institute was the host of the International Congress, to which came men from England, Holland, India and Australia with papers of high scientific value. The active president, the lamented McClelland, presided over the deliberations of the Congress, while the late Dr. W. E. Green was president of the Institute.

Among the committees was one which was charged with the special duty of getting in touch with the world of medicine outside of the Institute. Up to the time the activities of this committee bore fruit, the Institute was essentially quiescent between its annual meetings. There was very little activity, only one or two committees working during the interval. As a result, however, of the work of the committee on Conference with the American Medical Association, of which committee Dr. A. B. Norton was chairman, action was taken in 1907 which made the Institute an all-the-year-around organization. It consisted in providing for the appointment of a Council on Medical Education for the American Institute of Homœopathy. The members were appointed by special resolution submitted by the committee, and it is interesting to note that during the entire life of this Council, 1907 to 1916, three of these appointees have served continuously and one other is now serving his second term.

The activities of the Council during the year were such as to build up in the minds of Institute members a confidence in its work which directly led to a scene at the meeting of 1908 which has not been paralleled in all the history of the Institute. The

report of the Council at that time was comprehensive, showing a large amount of work accomplished, a part of which was securing nearly 100 new members, but showing also that it was possible for the Council to accomplish a great deal more if sufficient funds could be provided. The Institute unanimously appropriated $1,000 for the purposes of the Council following a stirring address by the president, Dr. Copeland, who declared that he could see where $5,000 might be expended profitably. After discussing the situation, the necessary impetus to the "forward movement" was given by the newly elected honorary president, Dr. H. F. Biggar, and it received a further push from the newly elected president, Dr. Wm. Davis Foster, with the final result that a total of $5,250 was contributed within a few minutes. This, in addition to the appropriation from the Institute, gave the Council more than $6,000 for its purposes and continued it a live factor in the world of medicine. Its activities since that time have never ceased, and today Homœopathy is "on the map," to some extent at least, because the activities of the Council of Medical Education have kept it there.

This, however, marked only the beginning, the culminating factor being the establishment of the Institute JOURNAL. Through this medium since it first appeared in 1909, each month without a failure, every eligible member of the Institute has received an official notice of the existence and activity of this great organization to which he belongs. Today the Institute lives 365 days in the year and, what is more to the point, is effective.

There never was and never will be an organization of any kind which will continue to live and be effective if it ever reaches a point where further efficiency is not desired or sought. Once an individual or an organization is content to stand still, dry rot begins, and the end of that organization is certain.

It goes without saying that concentration produces the best results. The active factors along any line of work produce the best results if their efforts are directed from some central point. It is with a desire to bring about this centralization that the Committee on the Revision of the Constitution and By-Laws has presented to the Institute in its report such a radical alteration of method and procedure. Without going into a detailed discussion of the report, the writer desires to assure the Institute that an effort has been made in this report to create such an organization as will result in a larger efficiency in the various parts of the Institute machinery. Upon examination it will be found that a place is provided in the proposed organization for every activity which is going on under the present régime. It will be found also that absolute and definite control of the Institute remains within that body. The members of the committee do not believe it necessary to assure the Institute that the work of revision has been done absolutely without other thought than the best interest of homœopathy and its representative organization. Of course, we realize that the method is not perfect, but we do be-

lieve that it is absolutely feasible and will meet the necessities of the present time. Not only do we believe it to be feasible, but we believe a change of this nature to be absolutely necessary if the Institute is going to grow or even retain its present high standing as a medical organization.

The writer pleads for a careful consideration by the members at the coming meeting, a fair consideration, a consideration of the business end of the report, not allowing it to be overshadowed by the first section of the Constitution dealing with a definition of homœopathy.

Cleveland, Ohio. J. R. Horner.

Specific Basis of Federation

To the Editor: St. Louis, March 20, 1916.

In answer to your inquiry as to the Specific Basis of Federation, it might be summed up as follows: Federate state and local organizations direct, as constituent societies. The delegates appointed or elected by these constituent societies to form the Congress of States. The Congress of States would transact all business of a public, professional or scientific nature. They would elect the Officers and Board of Trustees. The Officers and Trustees would have charge of the property and financial affairs of the Institute.

Revision of the Constitution and By-Laws is a very important and necessary change and must be accurately and correctly framed to cover all points of Federation.

Scott Parsons.

On Federation

To the Editor: Los Angeles, Cal.

Dr. Scott Parsons' article on Federation answers a question I have been asking myself for some time, as to why the homœopathic profession is not better united. I certainly endorse it most thoroughly, both as to the immediate necessity for quick action and the manner of doing it. I shall take up the matter with our society at its coming meeting and endeavor to have the steps initiated that will make it a possibility as soon as the Institute takes the necessary steps.

The California State Homœopathic Medical Society meets May 10, 11 and 12 at Hotel Grant, San Diego, and a good meeting and a good attendance is expected.

F. S. Barnard,
President of the California State Homœopathic Medical Society.

Our Colleges

To the Journal of the American Institute of Homœopathy:

After a service of nearly ten years as a teacher and director of research in the one distinctively homœopathic department of "the

oldest homœopathic medical college in the world," I have a sympathetic understanding of certain phases of the problem which confronts our colleges. The gist of the matter is propaganda, and I assume that no agency occupies a more potential position for raising funds for our institutions than the average practicing physician. His personal contact and professional services to the benevolently inclined layman give him a strategic advantage over any other. From the standpoint of the average practitioner, then, I wish that someone would tell us what our homœopathic colleges have been doing this year for humanity that is distinctively homœopathic. I want a clear, frank statement of how much of distinctive and practical value these institutions have contributed to the homœopathic practitioner for service at the bedside. In short, by what notable researches along their own particular lines have these homœopathic medical colleges produced that we might not have gotten as well elsewhere? Upon what grounds of distinctive achievement can our homœopathic colleges claim a further support from the profession in an age of economy and efficiency? Are they now filling a place otherwise unoccupied in modern medical education?

Edwin Lightner Nesbit.

A Case of Quinin Poisoning

Columbus, Ohio, April 2, 1916.

To the Journal of the American Institute of Homœopathy:

Mr. C., a student in Ohio State University, was admitted to the Therapeutic Clinic of the Homœopathic Hospital suffering with what proved to be quinin poisoning. Tuesday evening he had taken a piece of candy containing a small, but unknown amount of quinin. The first symptoms appeared four hours later: there was an eruption around the chin; the eyes were swollen and very red; the eruption appeared in patches and soon extended to the nose and nostrils; the eyes were soon swollen shut and the temperature was 99; the throat was raw and inflamed with red patches in the roof of the mouth; tonsils swollen and a watery discharge from the ears; the eruption exuded a thin, yellow, watery fluid which was rather sticky; soon the trunk, genitals, hands and feet were similarly broken out. There was no ringing in the ears at any time, but his head felt "stuffy and full." Patient was constipated and the urine reduced one-half in amount; no appetite; the ears became swollen, puffed and red; the eyes burned; lacrimation; small yellow pustules appeared on face; the lips were now broken out in a small, red rash; marked burning and itching all over the body; food did not have its natural taste.

The patient had had several attacks before whenever he took even small doses of quinin and expressed his history in these words: "I don't remember just how many times I have been this way, but I have always suffered in this manner whenever I

took quinin; once I was badly off from using quinin as a hair tonic, in which case I applied the drug locally, and upon that occasion only my head was affected, which was swollen all over and my eyes and nose were badly inflamed." Usually the first symptom that manifested itself when the patient suffered from quinin idiosyncrasy was itching which when scratched resulted in a breaking out over the irritated part, and there was a discharge from the skin, and outlets of the body had a pungent, disagreeable odor. Patient could not compare his condition to anything that he knew of and each attack would usually last from one to three weeks. When the eruption subsides the skin over the diseased areas exfoliates. Just previous to the exfoliation, the skin becomes covered with vesicles and the skin comes off in great pieces. In three or four times the skin of the palms of the hands and soles of the feet have come off whole, resembling a cast of the members. In most of his attacks the glands of the neck were swollen.

Treatment consisted in prescribing apis 6x, as this appeared to be his remedy; in three or four days patient had recovered sufficiently to leave the hospital and to go home. The patient was of the opinion that this remedy had helped him, as in his former attacks he had suffered much more and the symptoms were longer in making their disappearance than in this instance.

Albert E. Hinsdale, A. B., M. D.

"Neglected Values"

To the Editor: Huntsville, Ala., April 4, 1916.

Every one knows that when our friend Fisher takes his pen in hand, it is worth following up. I am pleased to quote an old saying: "Them's my sentiments, tew."

Dr. Fisher deserves the sincere thanks of every homœopathic physician and patron for his paper. If "decadence" of homœopathy were possible, Dr. Fisher has struck the explanatory keynote. Anything that is so plainly founded on truth will survive. It may fluctuate with the times, permeated as they are with first one fad and then another. The therapeutic law, *similia similibus curentur* will prevail. I agree with my good friend Fisher that the reason there are so few at present who sail under the flag of homœopathy, who really practice it and get satisfactory results, is that they do not stick close to the remedy indicated. The grand-stand play with coal tar products, and the seductive, handy hypodermic will save midnight oil and laborious research of the materia medica. After a third of a century's experience with homœopathic therapeutics, following four years of allopathic clinical work, the results are not to be compared, so superior are the quicker and more permanent effects.

There is great satisfaction in having a patient recover from a so-called incurable disease, and especially when counsel from the best of the dominant school have claimed that "under all

precedent" there was no more hope. I have had dozens of such cases. A homœopathist has no bed of roses. Each individual case demands hard study. Graduates are not well enough acquainted with the clinical application of the remedies when they receive their sheepskin. The old method of making a student an understudy of a competent practitioner and having to triturate the remedy to get the feeling of the hard work involved was a potent factor in making a good prescriber, and should be revived.

This is a trying age when the daily press is backing the dominant branch of the profession in their efforts to force antitoxin and allied injections upon a credulous public. But there is a light in the sky. When the truth of *similia* prescribing shines full, we shall have attained our haven, if not our heaven.

A. M. Duffield, M. D.

GENERAL NEWS

California. On the 11th of April, the Los Angeles Homœopathic Medical Society met at Christopher's Cafe for its annual meeting and to celebrate with a banquet, the 161st anniversary of Hahnemann's birth.

About fifty doctors and their wives were present. Toasts were responded to by Drs. W. J. Hawkes, H. M. Bishop, Jesse I. Citron, George Starr White, George H. Martin, A. C. Cowperthwaite and others. The President, Dr. L. P. Crutcher, acted as toastmaster in his usual happy manner. President Barnard, of the State Society, announced that the State meeting would be held in San Diego, at the U. S. Grant Hotel, May 17-18-19. Dr. Eleanor Martin, Committee on an official Hahnemann banner, reported and furnished a design for the same which was adopted.

The following officers were elected for the ensuing year: President, Dr. A. C. Cowperthwaite; 1st V. Pres., Dr. M. A. Barndt; 2d V. Pres., Dr. Helen Cooley Palmer; Sec'y and Treas., Dr. Jesse I. Citron.

Colorado. Dr. F. A. Blesse, formerly of Chicago, Illinois, is located in La Junta.

Illinois. The program for the State meeting is completed. Headquarters will be at Hotel Sherman. The dates are Tuesday to Thursday, May 9, 10, 11, with the usual day of clinics at Hahnemann Medical College on Friday, the 12th. Dr. Willis A. Dewey will present Homœopathic Properties, illustrated with lantern slides. Dr. Dewey has a selected group of hospitals and other institutions representing some of the financial resources of the homœopathic patrons of this and other countries. Dr. Scott Parsons has promised to be on hand to present the subject of Federation. The bureaus are varied

and under competent chairmen. A general dinner will come on Thursday and that of the After Dinner Club on Tuesday.

The Medical Advance announces future publication as a bi-monthly alternating with the *Homœopathician.*

At the annual meeting of the Northwestern Homœopathic Medical Society, in Rockford, the following officers were elected: Dr. Alden E. Smith, Freeport, president; Dr. Dana F. Downing, Warren, vice-president; Dr. Elizabeth C. Maas, Rockford, secretary; Dr. O. A. Olson, Rockford, treasurer; Dr. Katherine E. James, Rockford, member of the executive board. There was a fairly good attendance. Two new members were placed on the membership list. Membership in the State and local society as requisite to membership in the Institute was discussed. Opinions were about equally divided. Dr. Alden E. Smith, of Freeport, and Dr. Richard H. Street, of Chicago, were appointed to represent the Society at the meeting of the Institute in June.

The Rock River Institute of Homœopathy held its annual meeting at Sterling on April 6th. Drs. W. F. Spencer, J. L. Snavely, A. E. Smith and A. C. Tenney presented papers. The Young Men's Christian Association auditorium furnished an excellent place for the meeting. The Institute appointed President W. F. Spencer, Geneseo, Ill., and Vice-President J. L. Snavely, Sterling, Ill., as delegates on Federation for the Institute session at Baltimore. A. W. Blunt, Clinton, Iowa, was re-elected Secretary and Treasurer.

The Chicago Homœopathic Medical Society elected the following officers for the year 1916-1917: Dr. Edgar J. George, president; Dr. Hedges, vice-president; Dr. Theodore Bacmeister, secretary; Dr. B. A. McBurney, trustee. The society voted that the president should appoint two delegates, "members of the Institute who were reasonably sure of going to Baltimore" to represent this society in the proposed Congress of States. Dr. Costain endorsed "federation for organization, not for a voting house of delegates." He maintained that every member of the Institute who spends the money and time to go to the Institute session should have a vote in the business of the Institute. This conviction counts against the proposed postal vote. The entertainment at the annual dinner was an address from Judge Charles S. Cutting on Legal Information for the Medical Profession, and Fun in Prose and Song by Mr. Elias Day, famous in Lyceum circles.

Dr. Henry I. Twiss, A. B., '00, and M. D., '03, from Boston University, with hospital experience in Melbourne, Australia, and surgical practice in Seattle, has been appointed Adjunct Professor in Orthopedic Surgery at Hahnemann Medical College.

Dr. Joseph P. Cobb has returned from his annual spring vacation and resumed the Dean's work at Hahnemann.

Dr. Lawrence H. Roblee announces removal to the Boulevard Building, 30 N. Michigan Ave., Chicago.

Dr. Schofield reports the following service at the Dispensary of Hahnemann Hospital for March:

Medicine		Surgery		Gynecology		Pediatrics		Mental & Nervous	
New	Old	New	Old	New	Old	New	Old	New	Old
78	263	54	69	28	115	35	80	7	24

Eye and Ear		Nose and Throat		Venereal		Dermatology		Obstetrics	
New	Old	New	Old	New	Old	New	Old	New	Old
120	291	51	68	1	21	20	67	12	14

Total new patients..... 406
Total old patients 1,012

Total old and new.....**1,418**

The After Dinner Club donated its surplus funds of the year to the Theodore Sachs Memorial, in token of their appreciation of the work done at Naperville and in the Municipal Tuberculosis Sanitarium.

Iowa. The Central Iowa Society met March 22, at 5 p. m. Several interesting cases from the hospital wards were presented and another was brought in by one of the physicians in attendance. Dutch supper and general discussion followed. It was a good meeting.

The attack of the *Iowa Medical Journal* on Senator Joe Allen has collapsed. Senator Joe was criticized for his attitude in favoring proposed legislation on osteopathy and chiropractic. The Senator has a warm spot in his heart for freedom of choice in therapeutics, because of an experience in his own family in the relief given to his little daughter. The Senator is generally found on the side of the spirit of progress.

The Sioux City Homœopathic Society was the guest of Dr. S. B. Hoskins. The occasion was the twentieth anniversary of Dr. Hoskins' practice in this city.

The Homœopathic Hospital of the University of Iowa is being enlarged to include new clinic rooms and surgical appliances. On March 9th, there was a successful meeting at the Hospital to inaugurate Baby Week. Addressses were made by Dr. John W. Cogswell, Dr. W. B. McClure, Dr. Mabel Williams and Dr. E. E. Pangborn.

Kentucky. Dr. O. F. Miller presented a paper on Temperatures at the March meeting of the Falls City Society. The meeting was held at the residence of Dr. George S. Coon in Louisville. Clinical cases were presented by Dr. Dora Wheat.

Maryland. The Local Committee of Arrangements for the June session are actively at work perfecting the plans for the

well-being and the pleasure of their guests in June. They have the endorsement of the Baltimore Bureau of Conventions.

The State Homœopathic Medical Society will hold an executive business session on May 18th at Hotel Emerson. The usual program of papers will be omitted in deference to the Institute session in June. A full program of business and scientific papers will be arranged for in the fall. The entire profession of Maryland and adjoining states is enthusiastic for the June meeting.

Dr. A. L. Esposito announces change of location to 346 E. 27th St., Baltimore.

Massachusetts. Boston University announces its annual courses for graduate work for general practitioners. Courses are offered in Dermatology, Digestive Tract, Genito-urinary, Gynecology, Homœopathy, Neurology, Nose and Throat, Obstetrics, Ophthalmology, Orthopedics, Otology, Pathology, Physical Economics, Physiology, and Surgery. All inquiries should be addressed to Dr. Edward E. Allen, 80 East Concord St. The courses extend from May 1st to June 10th. Tuition varies from $15 to $100 a course with certain reduction if more than one course is taken. The delineation of the course in Homœopathy is suggestive of the other good things presented:

"A course of twelve lectures on the Principles and Practice of Homœopathy, especially designed for physicians having no intimate knowledge of homœopathic therapeutics. This course will be divided into two parts: First, a clear and concise presentation of the principles of homœopathy; and second, their practical application in the treatment of disease. In the first part it will be the endeavor of the lecturer to present a study of homœopathy which is in accord with the findings of scientific and biological research up to the present time so far as they pertain to medicine. In the second part there will be presented a study of some of the homœopathic polychrest drug remedies."

The Massachusetts General Hospital is putting out an attractive schedule for home group work. Clinical records of cases autopsied each week are sent out to subscribers paying $5.00 a year. This fee provides for a printed report of four cases which forms the basis of discussion in many an informal medical group over the country. Inquiries should be addressed to Dr. Frederic A. Washburn, Resident Physician.

The annual banquet of the Homœopathic Medical Society of Massachusetts was held at Young's, April 12th. President G. Forrest Martin presided. Dr. DeWitt G. Wilcox gave the address of the evening on "Psychology of Laughter." The following officers were elected: J. Emmons Briggs, president; DeWitt G. Wilcox and Elmer G. Copeland, vice-presidents; Edward S. Calderwood, recording, and Benjamin T. Loring, corresponding secretary; Thomas M. Strong, treasurer.

Dr. Jacob Joshua Golub announces change of office to 3 Hancock St. for the practice of general medicine.

Michigan. Dean Hinsdale of Ann Arbor has turned over the *University Homœopathic Observer* to Dr. Beebe as Editor-in-Chief, retaining position on the Editorial Board. This is formally done in behalf of placing some of the responsibilities upon the younger men.

The Michigan State Meeting is scheduled for Ann Arbor the third Tuesday in May.

Dr. W. H. Rand of Charlotte has placed an order for 125,000 belladonna plants with a local florist.

Dr. French of Chicago presented an unusual paper on Anacardium Poisoning, at the Society of Western Michigan, Grand Rapids, March 15th.

Dr. G. H. Palmerlee gave an address before the Practitioners' Society in March on the opportunities open to physicians in the U. S. Medical Corps, "Medical Military Unpreparedness."

Minnesota. On April 19th, Dr. Annah Hurd was elected president of the State Medical Examining Board of Minnesota. Dr. Hurd had held the position of vice-president during the preceding year. She is the only woman on the board and has charge of the practical examinations in bacteriology, pathology, and urinalysis. She has been a member of the board five years. Dr. John M. Dodson, President of Rush Medical College of Chicago, was sent to Minnesota by the Civil Service Commission to investigate the methods of practical examinations as conducted by the Board. He was accompanied by two members of the Commission. In a letter to the Secretary of the Board, Dr. Dodson writes: "I was much impressed with the intelligence and good judgment of Dr. Hurd, who conducted the examination." The members of the Board, especially Dr. Thomas McDavitt, Secretary, who supervises all work, also speak in highest praise of Dr. Hurd's work.

Missouri. Dr. Scott Parsons, special representative to the Council on Medical Education will present the subject of Federation at the state meetings in Missouri, Illinois, Ohio and Indiana.

The campaign for funds for the Southwest School of Medicine and Hospital is going on, prospects for success are good and the Committee hope to report substantial progress at the Institute session in June.

New York. The Homœopathic Medical Society of the State of New York held a two days' session at Rochester, April 11 and 12, at Hotel Seneca. The spring meetings of the Western New York and also of the Monroe County Society united with the State session. A preliminary schedule of the program was published last month. The business interest centers around

the action taken upon matters of public health and federation of local and state societies with the national organization. Clinics were held at the homœopathic hospitals of Rochester. The officers for 1916-17 are George R. Critchlow, Buffalo, president; Glen I. Bidwell, Rochester, first vice-president; Frederick M. Dearborn, New York, second vice-president; Ralph I. Lloyd, Brooklyn, third vice-president; Bert B. Clark, 200 W. 86th St., New York, secretary; Stewart S. Piper, Elmira, treasurer; John L. Moffat, Ithaca, necrologist.

The Homœopathic Hospital at Rochester, N. Y., received a bequest of $100 recently from the estate of Alfred E. Benjamin. Five other institutions were accorded a like bequest.

The prize of $1,000 given by the Metropolitan Life Insurance Company through the American Social Hygiene Association for the best pamphlet on social hygiene for boys and girls was awarded to Dr. and Mrs. Donald B. Armstrong of Staten Island. *The American Social Hygiene Association Bulletin* makes the following interesting comment: The general quality of the whole group was surprisingly good and it is a noteworthy fact that there were submitted almost no freak or sensational productions. Fanatics and cranks evidently let the competition pass by them.

Notwithstanding the fact that everything entering into the making of a book, paper, leather, labor, ink has advanced, Boericke & Runyon have brought out the sixth edition of "Boericke's Materia Medica," a book containing 150 more pages than the former issue, but have not advanced the price.

Dr. Irving Flyer announces removal to 5626 15th Ave., Brooklyn.

Dr. Charles R. Sumner announces removal of office to 233 Alexander St., Rochester.

Ohio. Dr. T. A. McCann of Dayton has raised another gift of $500 for the use of the Materia Medica Research Laboratory in the College of Homœopathic Medicine, Ohio State University.

Arrangements have been made to entertain the State Society at Hotel Hartman, May 9 and 10. This is Dr. Sawyer's own state and reorganization and federation of local and national societies will be a part of the business.

The death of Dr. Mersfelder leaves Canal Dover a city of 10,000 without a homœopathic physician, the first time in fifty years. This is one of the best locations in Ohio.

The Eastern Ohio Society appointed the following delegates to the proposed Congress of States at the Baltimore session: H. F. Staples, Cleveland; J. E. Rowland, South Euclid; G. J. Damon, Medina; J. Richey Horner, Cleveland.

Oregon. Dr. Byron E. Miller has been under the doctor's care for over a month, but is steadily improving.

The Hahnemann Round Table held its regular meeting on

the 5th of April at the Imperial Hotel. Dinner was served at six-thirty. Dr. I. N. Palmer read an interesting paper on "Bodily Changes Due to Mental States." He said, "The body is dominated by psychic influences; elementary psychology is a subject demanding attention. Fear, anger, pain, in fact any excessive mental excitement stimulates the flow of adrenin, and since this product inhibits smooth muscle, their influence upon the vital functions of the body is very considerable. Knowledge of the benefits of self-control and a knowledge of the dangers of the lack of it should be taught. * * * Lest the attitude we assume that the knowledge of mental law and through it, the control of bodily function with consequent restoration to health might lead to the belief that we consider this sufficient, let me add that the indicated remedy has lost none of its power, but in the sum total of symptoms mental phenomena should receive due consideration." The next meeting will be May 3rd, when the subject will be "Thuja," by Dr. Miller. The interest in these meetings has become very genuine.

Pennsylvania. The program of the March meeting of the Allegheny County Homœopathic Society presented a paper on Splenic Anemia by Dr. H. M. Reid and one on Pyelitis in Pregnancy by Dr. George F. Baer.

A volunteer staff of students from Hahnemann College, under the direction of Dr. William F. Baker, has started upon a scientific examination of 900 representative employees in industrial plants. The data gathered will be used in the application of the Workmen's Compensation Law. Dr. Baker has studied industrial diseases abroad for two years. The diversity of industries in the confines of Philadelphia will give the students a valuable experience, and their findings will help on the work of preventive medicine.

Dr. Jacob W. Frank announces removal of office to 2025 Chestnut St., Philadelphia.

The Homœopathic Medical and Surgical Hospital of Pittsburgh plan a definite campaign to raise funds to wipe out its entire indebtedness. D. G. Stewart was re-elected president, and Dr. C. C. Rinehart was re-appointed consulting physician. Over four thousand patients have been treated during the past year. Including the work done at the East End Hospital and the down town branch, over eighty-four thousand patients have been cared for with 95 per cent recoveries. An active Ladies' Association under the presidency of Mrs. Silas Benham supplements the work of the staff.

The society of Chester, Delaware and Montgomery counties celebrated Hahnemann's birthday with a planked shad dinner in the Washington House, at Chester. After the dinner, the doctors made an auto trip to the Crozer Hospital, where Dr. Herbert L. Northrop gave a demonstration of the

Lorenz method of reduction of congenital subluxation of the hip joint.

Rhode Island. Dr. Boris J. Sohn has finished his internship at the Emerson Hospital, Boston, and announces his office at 83 Ormis St., Providence.

Wisconsin. Dr. Thomas M. Stewart announces removal to Edgemoor Sanitarium, Oconomowoc, Wis.

The State Society is scheduled at Milwaukee for Thursday and Friday, May 18 and 19. The bureaus are filled and the Wisconsin Society invites homœopathic physicians of neighboring states.

CHANGE OF ADDRESS

From membership list in JOURNAL, December, 1915.

	Moved to
Armstrong, Charles A.	346 Center St., Chicago, Ill.
Bachelder, Bayley B.	860 N. Union Ave., Portland, Ore.
Blesse, F. A.	La Junta, Colo.
Church, J. L.	4847 N. Albany Ave., Chicago, Ill.
Cliver, Paul M.	765 Oakwood Blvd., Chicago, Ill.
Currier-Woods, Mary B.	350 Broadway, Somerville, Mass.
Esposito, Antonio L.	346 E. 27th St., Baltimore, Md.
Ewing, Edgar E.	507 Haight St., San Francisco, Calif.
Flyer, Irving	5626 15th Ave., Brooklyn, N. Y.
Frank, Jacob W.	2025 Chestnut St., Philadelphia, Pa.
Gillingham, Horace P.	Riverhead, N. Y.
Golub, Jacob J.	3 Hancock St., Boston, Mass.
Hall, Lucy B.	Suite 5, 1273 Hyde Park Ave., Hyde Park, Mass.
Hanks, Mary E.	61 E. Oak St., Chicago, Ill.
Hill, Alice L. S.	4202 Castleman Ave., St. Louis, Mo.
Jewitt, Edward H.	1933 E. 66th St., Cleveland, Ohio.
Johnson, Cora M.	34 North Ave., Skowhegan, Maine.
Kuttler, Leonard W.	12115 Chesterfield Ave., Cleveland, Ohio.
Lee, Frank C.	2379 E. 79th St., Cleveland, Ohio.
Meng, Wm. L.	Belleville, Ill.
Mitchell, Howard D.	Box 945 Ft. Worth, Texas.
Reich, Solomon	103 E. 116th St., New York, N. Y.
Robinson, Theophilus C.	Raisin City, Calif.
Sawyer, Eugene W.	Cardenas, Cuba.
Schairer, Mildred L.	777 Clinton Ave., N., Rochester, N. Y.
Silbernagel, Charles E.	322 E. State St., Columbus, Ohio.
Sohn, Boris J.	83 Ormis St., Providence, R. I.
Stewart, Thomas M.	Edgemoor Sanitarium, Oconomowoc, Wis.
Sumner, Charles R.	233 Alexander St., Rochester, N. Y.
Syndergaard, Hyrum F.	4826 N. Kedzie Ave., Chicago, Ill.
Walls, Charles B.	1526 Chase Ave., Chicago, Ill.
Wendt, Leonard F. C.	1989 W. Grand Boulevard, Detroit, Mich.
Yearout, Christian A.	Coeur d'Alene, Idaho.

OBITUARY

F. H. Mersfelder, M. D., Canal Dover, O., was a graduate of the Cleveland Homœopathic College in 1904 and opened his office in Dover, Ohio, in June the same year. He died at his home March 7, 1916, aged 36 years, leaving to mourn his loss his wife, two boys, 10 and 4 years, and a host of friends. F. A. Morrison.

Franklin D. Worcester, M. D., Keene, N. H., died March 29, 1916, age 64 years. Dr. Worcester had been incapacitated from paralysis for nine years. He was born in West Windsor, Vt., February 4, 1852. Educated in public and private schools of Windsor and South Woodstock, graduated from Hahnemann Medical College of Chicago, 1884. He practiced in Springfield, Vt., twelve years and thereafter in Keene, N. H. He was a member of the board of health for Keene for ten years and an active member of social and civic life. He was a member of the Institute from 1895 to 1908.

Lee Bolsinger, M. D., Johnston, Pa., died March 23, 1916. Graduate of Hahnemann Medical College, Philadelphia.

M. Louisa Cummings, M. D., Boston, Mass. The announcement of Dr. Cummings' death has come to the Secretary without further detail. Member of the Institute since 1881.

BIOGRAPHICAL SKETCH OF THERESE BUCHHEIM HERING

Wife of Dr. Constantine Hering of Philadelphia

An Appreciation

By Carl Hering, Philadelphia

The saying, "Show me a successful and affectionate husband and I will show you a true, loyal and faithful wife," was never more true than as applied to the recently deceased wife of the late Dr. Constantine Hering, who has often been affectionately referred to by his colleagues as the father of homœopathy in this country. His intense interest in his altruistic work, the concentration of his mind on his professional work, his genuine enthusiasm, his indefatigability, his ability to make and keep true and loyal friends,—to a combination of which qualities he owed the success which he acquired in his career—would not have enabled him to accomplish what he did had it not been for his affectionate, true and loyal helpmate with her cheerful, willing, indefatigable assistance and her sincere interest and encouragement. Her greatest pleasure and pride in life was his success and happiness. Though the husband usually gets the whole credit for his successful career, in this case she has earned a generous share of it.

In charge of their large and unusually hospitable homestead in

Philadelphia, including the doctor's offices and a large family of six of their own children besides two and sometimes three of her step-children, she had unusual responsibilities, yet she assumed them all cheerfully and was eminently successful. The many trivial household cares were cheerfully assumed by her to relieve her husband's mind of them; his trust in her was implicit, and his devotion to her was quite as great as that of her to him. Consultations between them, their mutual affection and respect, and a united effort toward a single purpose, resulted in an unusually happy life for both. Selfishness was an unknown factor in her life; doing her duties successfully, even though many of them were self-imposed, was to her a pleasure. When in his generous hospitality the doctor invited numerous guests, which was not infrequent, they were invariably met by her with a welcome and cheerful smile, no matter how much inconvenience they may have caused her.

She was not herself a student of medicine or the sciences, and therefore her coöperation with him was not of a professional nature, but by encouraging him the way she did, by endeavoring to make his life a contented and happy one, and by relieving him as much as possible of the numerous cares of a large house and family, thereby enabling him to concentrate his mental efforts on his professional work, she was of more value to him than any professional companion could have been, as of the latter he was never in want among his many friends.

Born in the picturesque old city of Bautzen in Saxony in 1822, and one of the twelve children of a government physician, she lost in her early youth her own mother, her father, and her step-mother, and in helping to bring up the younger of these orphans she began her training as a mother and a housekeeper early in life. At the age of 23 she married Dr. Hering of Philadelphia, then a widower with three young children, to whom she became a devoted mother. Of their own eight children, two died in infancy, and the others survive her. Her devotion to these twelve children, for whose development she had the responsibility in part or entirely, is best shown by the sincere devotion they all had for her. She was a model wife, mother and friend.

All of her thirty-five years of married life were spent in Philadelphia. After her husband's death of heart failure in 1880, and up to the time of her death on December 29, 1915, of acute bronchitis, at the advanced age of nearly 94, one of her greatest pleasures was to follow the progress and development of the work which her husband had started in the introduction of homœopathy, and to see it recognized. In her last brief illness she was devotedly attended by Dr. Malcolm Macfarlan, a lifelong friend, colleague and admirer of her husband,

Dr. J. W. Thatcher, her regular medical attendant for many years, having previously been stricken with a fatal illness.

Physically she was of medium stature and had an exceptionally strong constitution; in her younger days she was unusually active, generally for the benefit of others; she was rarely incapacitated by sickness and was almost entirely free from ailments during her enfeebled old age. During her active life she rarely took holidays, as her husband took none and her devotion to him and the assistance she could render him made her prefer to remain at his side. Moderation, in all things, as distinguished from abstinence, was one of her rules of life.

She upheld and instilled into her children the high moral principles advocated so strongly by her husband, among which may be mentioned that before carrying out our own wishes we should think twice as to how it would affect others; another was that we should always be just to others, respect their views, and get at the truth through proofs; another, that it is far nobler to be pleased than to be annoyed, when we are shown that our opinions had been wrong; another, that the highest and noblest work which we can do is that which will live after us, and that therefore mere moneymaking should not be one's sole goal in life.

In her father's family she is survived by her youngest step-sister, Hermine Nollau in Hamburg, Germany, the last of that generation, the widow of the late Heinrich Nollau, a prominent engineer of the government railroads. Of her husband's family before her marriage, the only survivor is Odelia, now Mrs. J. F. Pope, whom she brought up from young childhood as affectionately as her own children; Mrs. Pope is a widow, with a son and a daughter. Of her own children, all but the two who died in infancy survive her; in order of age they are, Rudolph Hering, Hon. D. Sc., a sanitary engineer in New York, with three sons, two daughters and one grandson, who is her only great-grandchild; Melitta, wife of Dr. C. B. Knerr in Primos near Philadelphia, with three sons and a daughter; Walter E. Hering, president of the Globe Ticket Company, in Philadelphia, with one daughter; Hildegard Hering of Philadelphia, her devoted companion; Carl Hering, Hon. D. Sc., a consulting electrical engineer, in Philadelphia, with one daughter; and Hermann S. Hering in Concord, N. H., a lecturer on Christian Science.

The final balance in which a completed life is weighed is one which measures the good which has been done during that life. When thus judged there are few who could outweigh her as a model wife, mother and friend. The principles of her life may be briefly summarized by the words: honor, devotion, loyalty, altruism, cheerfulness, conscientiousness, gratitude, thrift, and making duties a pleasure.

HERING AND HAHNEMANN

The following extracts from a few of the numerous letters to his son, Carl Hering, referring chiefly to the biographical sketch of Dr. Constantine Hering published in the *June, July and August, 1915*, issues of the *Journal of the American Institute of Homœopathy* and later in pamphlet form, are of interest as showing that the early work of Dr. Hering in introducing Homœopathy in this country at a time when there was such strong opposition to it, has been and is being appreciated, and that the bitter feeling of those early days has been changed to one of respectful acceptance and retention of what has proved to be good in all the different schools of healing.

Howard A. Kelly, M. D., Baltimore, Md.

"Your father's high character and wide influence are certainly among Philadelphia's most precious inheritances. I am thankful that we have lived to see the bitterness of feeling between homœopathists and the old school practice pass away almost entirely."

James W. Ward, M. D., Dean, Hahnemann Medical College of the Pacific, San Francisco, Cal.

"There are few men that have ever lived whose work has lived after them more roundly than in the case of Dr. Constantine Hering. His books are my daily companions and his rich thought and energy my daily help. ***** We have a large portrait of your father in the reception room of Hahnemann Hospital, where it has been for several years."

Edw. J. Nolan, Secretary, The Academy of Natural Sciences, Philadelphia.

"Dr. Hering is vividly remembered by the few remaining members of the Academy (including myself) who had the good fortune to know him, and the catalogues of the museum bear testimony to his interest in the society. His liberality is recorded in the history of the Academy."

Wm. A. Pearson, M. D., Dean, Hahnemann Medical College and Hospital of Philadelphia.

"We are trying to continue the high scientific and professional ideals of your noble father and we are doing everything possible to advance Homœopathy and the interests of the Hahnemann Medical College which he loved so dearly. ***** I shall take pleasure in placing this biological sketch in our library and know that our Faculty and students will frequently read it with much interest."

Joseph Pettee Cobb, M. D., Dean, Hahnemann Medical College, Chicago, Ill.

"We, like all other homœopaths, have been consistent and persistent admirers of the men who in the early days of our school had the energy and courage to develop the homœopathic school."

Claude A. Burrett, M. D., Dean, College of Homœopathic Medicine, Ohio State University, Columbus, O.

"I am delighted that this biography has been placed in a more permanent pamphlet form for the benefit of the host of men and women all over the world who revere the name of Constantine Hering, as he is the man who has stood out through all of the years as the American founder of Homœopathy. While in Philadelphia during the past year, it was a great satisfaction to stand before the building which has been erected in his honor."

Rev. Otto Engel, St. Jacob's Lutheran Church, Norwalk, Wis.

"The memory of your sainted father has become the heritage of the whole American nation. His name will be handed down to posterity:—Constantine Hering, the personification of a German idealist in a foreign land."

Hahnemann, Hering and Wesselhoeft

Extract from letter of Dr. Wm. P. Wesselhoeft of Boston, to Carl Hering (son of Dr. Constantine Hering) January 13th, 1909.

I remember a story told me by Dr. Edward Bayard of New York, who visited Dr. Hahnemann about 1841. Bayard congratulated Hahnemann upon the fact that he had lived to see his teachings disseminated almost throughout the entire civilized world, which very few reformers have been happy enough to do. Hahnemann rose from his chair, and with a very *sad* expression said, "Those who call themselves my followers may be counted by thousands, those whom I acknowledge, and who have been thoroughly imbued with my teachings, I will count on the fingers of one hand." Among those mentioned was your father and my father. It was a great satisfaction to me to hear this from the lips of Dr. Bayard.

Very affectionately yours,

WM. P. WESSELHOEFT.

Philadelphia, 2nd of June, 1877.

To Doctor Constantine Hering,

My Dear Sir: Amongst my most pleasing recollections is a visit which I paid to the late Professor Hahnemann—the father of Homœopathy—in Paris in September, 1841.

I called at his residence at an early time and seeing a number of patients in his Ante-Chamber, sent in my letter of introduction which you kindly gave me before leaving Philadelphia. A few minutes afterwards his servant, in livery, told me to walk in the private room.

The Professor was then taking his breakfast, consisting of milk and bread, his young wife sitting by his side. He said, "You come from my dear friend, Dr. Hering, of Philadelphia. He is my Johannes, my best disciple in whom I feel proud. He has done and will do more for Homœopathy in America than any other man. I make no ceremony but continue my breakfast whilst we converse." The subject of our conversation was the present and the future position of Homœopathy in America as well as the spread of new ideas in mechanical, political, and social respects.

Before leaving, Professor Hahnemann presented me with a carniol in which his bust was impressed and said, "Have that set in a ring or a breast pin and wear it in remembrance of our meeting, and whenever you see Dr. Hering tell him how much I love and esteem him."

It is now nearly thirty-six years since this visit, but, thank God not too late to deliver to you personally the message of greeting from the father of Homœopathy. I am, My Dear Sir,

Your old friend,

CONRAD F. STOLLMEYER.

SOCIETY PROGRAMS

Oklahoma Institute

Reported by the Secretary, Dr. Samuel A. B. Leslie.

Iritis.....D. W. Miller, Blackwell
Trachoma.....F. W. Hammond, Lawton
Genito-Urinary Report.....C. W. Baird, Lawton
Treatment of Chronic Gonorrhea.....S. B. Leslie, Okmulgee
Milk.....Lela H. DeVasher, Muskogee
Discussion of Milk Problems.....A. S. Phelps, Oklahoma City
Observations in Children's Diseases.....L. S. Cunningham, Tulsa
Discussion of Pediatric Problems.....Mary E. Ray, Bartlesville
Prescribing for the Baby.....J. H. Peterman, Ardmore
Summer Complaints.....R. A. Williams, Dewar
Materia Medica.....S. C. Whitcomb, Hastings
Duality of Medicine.....W. W. Osgood, Muskogee
Future of Medicine.....Benj. F. Bailey, Lincoln, Nebr.
Typhoid Fever, Diagnosis and Treatment.....F. J. Boutin, Coyle
Tetanus—its Homœopathic Cure.....Bertram Johnson, Eureka
Hay Fever: A New and Successful Treatment.....
.....E. J. Burch, Carthage, Mo.
Laboratory Stomach Diagnosis.....Maclay Lyon, Kansas City, Mo.
Obstetrics.....F. H. Hammond, Lawton
Obstetrics: Direct and Indirect Aids.....W. L. Bonnell, Chickasha
Peculiarities of the Infant's Stomach.....W. W. Osgood, Muskogee
Nervous Diseases.....Benj. F. Bailey, Lincoln, Nebr.
Papers on Gynecological Practice.....O. R. Gregg, Alva;
J. H. Peterman, Ardmore; John M. Reed, Blackwell
Uterine Reflexes.....C. A. Nafus, Eram
Knee Chest Position.....S. C. Whitcomb, Hastings
Surgery of the Prostate Gland.....C. R. Phelps, Oklahoma City
Skin Grafting.....T. R. Gammage, Kansas City, Mo.
Early Suprapubic Prostatectomy in the Aged.....
..... Albert Smith, Parsons, Kans.
Orthopedic Diagnosis and Treatment.....J. A. Brooks, Oklahoma City
Exophthalmic Goitre: Surgical Treatment.....
.....Carl A. Fiege, Kansas City, Mo.
Dexiocardia, Liver and Vermiform Appendix on Left Side. Appendectomy—Recovery.....Wm. Davis Foster, Kansas City, Mo.

Lehigh Valley Society. March 23, 1916

Lesser Eye Muscle Faults.....G. DeWayne Hallett, New York City
Chronic Non-Suppurative Disease of the Middle Ear.....
.....George H. Haas, Allentown
Suppurative Otitis.....A. J. Bittner, Allentown
Orbital.....A. H. Super, Allentown
Iritis and Homœopathic Treatment.....Walter W. Seibert, Easton

Northwestern Homœopathic Medical Society, Rockford, Ill., April 13, 1916

Reported by the Secretary, Dr. Elizabeth C. Maas.

Hints from the Tissue Remedies.....Carl V. Urbom, M. D., Rockford
Uses of Aconitum Napellus in Chronic Diseases.....
.....Dana Fletcher Downing, M. D., Warren
A Case of Naso-pharyngeal Fibromyxoma.....
.....Richard H. Street, M. D., Chicago
Symptoms Calling for Glasses, and How Early in Life Should Glasses be Fitted?.....Carleton A. Harkness, M. D., Chicago
The Diagnostic Value of Pain in Diseases of the Ear.....
.....L. A. Shultz, M. D., Rockford
Pedology and Preventive Medicine.....R. E. Anthony, M. D., Rockford

---

OBSTETRICAL SOCIETY. BUSINESS MINUTES, 1915

The thirteenth annual meeting of the Obstetrical Society of the American Institute of Homœopathy, was held in the Crystal Room of the Hotel Sherman, Chicago, Thursday, July 1st, 1915, the president, R. Milton Richards, presiding.

Dr. Anna Johnston was appointed Secretary pro tem., in the absence of Dr. Bishop.

The minutes for the last meeting were not sent by Dr. Bishop as they had been printed in the Institute JOURNAL.

Dr. Richards read the Treasurer's account, as follows:

Received from former treasurer	$104.89
Received from members	56.10
	$160.99

EXPENSES.

Printing	$2.75
Printing	1.35
Stamps	2.60
	$6.70
Balance on hand	$154.29

This report was referred to the auditing committee, Drs. W. H. Diebel and Belle Gurney.

The chair appointed as a nominating committee, Drs. W. G. Crump, W. A. Humphrey, and G. A. Huntoon.

Dr. Anna Johnston was made chairman of the board of censors.

Dr. Johnston then took the Chair, while the President's address was read. (Jour. A. I. H., Sept., 1915, p. 243.)

Dr. Richards: I think it is unfortunate that the Surgical Society adjourned before the meeting of our society, but I had the privilege of presenting this matter to the Surgical Society in a few words. In anticipation of any action which this Society may decide to take, they have appointed a committee to confer with a like committee from this society.

Dr. Mills: I would like to call your attention to the action taken by the Surgical and Gynecological Society in regard to raising the requirements for admission. If that is done it will preclude general practitioners from becoming members of this society. The qualifications for membership in the Surgical and Gynecological Society require one to have been in special practice for five years, and to be doing 25 per cent special work.

Dr. Richards: I would like to elaborate one remark made, and that is the difficulty in getting up a program because of the lack of interest of the so-called obstetricians of this society under the present régime. Your Secretary and President have worked for the last eight months, beginning about four months after the last meeting. We wrote to every member of this society, sending an invitation to read a paper. We received four or five replies to the hundred and more letters sent out. Second letters were sent. Finally we drafted some into the work and appointed them to write papers.

The President's address was then referred to a committee consisting of Drs. FitzPatrick, Humphrey and Annie W. Spencer.

Dr. FitzPatrick's paper was deferred until the evening session, to be read at a joint session of the Physical Therapeutics and Genito-Urinary Societies.

A letter was read from Dr. Florence Ward, regretting her inability to be present. Dr. Ward's paper, "The Technic of Morphin-Scopolamin Amnesia in Obstetrics," was read by Dr. Anna Johnston, and discussed by Drs. Hobson, J. W. Means, F. V. Wooldridge, Frieda E. Weiss, G. A. Huntoon, H. O. Skinner, W. E. George, C. B. Kinyon.

The following papers were presented at the afternoon session:

"Pituitrin," G. A. Huntoon, Des Moines, Ia. Discussed by Drs. Belle Gurney, W. A. Dewey, J. W. Cogswell.

"Diet and Dystocia," F. V. Wooldridge, Pittsburgh. Discussed by Drs. Marie L. Hunt, John W. Cogswell.

"A New System of Delivery," Plummer D. Russell, Pueblo. Read by Dr. Williamson. Discussed by Drs. Annie W. Spencer, Crump, Severinghaus, Cogswell, Williamson.

"Eclampsia: Some Personal Experiences," Earnest P. Mills, Ogden. Discussed by Drs. Cogswell, Sr., FitzPatrick, Huntoon, Strawn, Cogswell.

"The Rotation of the Posterior Occiput," John W. Cogswell, Iowa City. Discussed by Drs. Belle Gurney, M. A. Royal, Richards, FitzPatrick, A. E. Booth.

Dr. Crump, Chairman of the nominating committee, presented the following names:

President, Jno. E. James, Philadelphia.

First Vice-President, Stella Q. Root, Stamford, Conn.

Second Vice-President, J. W. Cogswell, Iowa City, Iowa.

Secretary-Treasurer, G. A. Huntoon, Des Moines, Iowa.

It was moved and seconded that the report be received, and that the Secretary be instructed to cast the ballot of the society for the officers named.

Motion carried. Officers declared duly elected.

The Board of Censors presented the name of Jno. W. Cogswell of Iowa City, and he was duly elected to membership.

Motion was made by Dr. Crump, seconded by Dr. Adsit, that the names of Florence Ward and Jno. E. James be presented to the committee for election on the Board of Governors of the American College of Surgeons. Motion carried.

Adjourned to meet at 8:30 Thursday evening.

THURSDAY EVENING.

Dr. FitzPatrick read his paper, "The Pelvic Floor," and a number of lantern slides were shown. The paper was discussed by Drs. Francis C. Ford of Chicago and Walter G. Crump.

Adjourned.

ANNA JOHNSTON,
Sec. pro tempore.

CORRECTIONS

Annual Statistics, page 1218, J. A. I. H., April, 1916: Harold E. Diehl, M. D., Secretary of the Boston District Medical Society, should read:

1244 Hancock St., *Quincy*, Mass.

Annual Statistics, page 1235, Elyria Memorial Hospital, Manager, should read:

E. F. Allen.

Annual Statistics, page 1241, Woodside Cottages, Framingham, Mass., should read:

Not incorporated; opened to patients 1900. Executive Officer, Frank W. Patch, M. D. Number of beds, 25; patients treated last year, 60. Treats chronic and nervous cases. Supported by pay of patients.

THE TUBERCULOUS MIGRANT

A BILL

*To standardize the treatment of tuberculosis in the United States, to provide Federal aid in caring for indigent tuberculous persons, and for other purposes.**

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That within the appropriations made from time to time for such purposes the Secretary of the Treasury is hereby authorized to aid State authorities in providing care and treatment for indigent tuberculous persons who are *citizens* of the United States, but *not legal residents of the States* in which they are temporarily located, and for this purpose may designate such public or private hospitals and sanatoria as may be necessary. Prior to being designated to receive patients, and from time to time, said institutions shall be subject to inspection by officers of the Public Health Service in order to determine the facilities and methods available and in use for care and treatment of patients, and the Secretary of the Treasury is further authorized to prescribe standards to which institutions shall conform in order to obtain the benefits of this Act.

SEC. 2. That hospitals and sanatoria designated in accordance with the provisions of this Act shall be entitled to and may receive from the Federal Treasury a subvention fixed annually by the Secretary of the Treasury, but not exceeding 75 *cents per diem* for each indigent patient admitted with the approval of the Secretary of the Treasury: *Provided*, That the State in which said indigent tuberculous patient is admitted to a hospital or sanatorium for treatment shall pay or cause to be paid a subvention, not less than that paid by the Federal Government, toward the cost of caring for such patient in said hospital or sanatorium. Subventions under this law will be granted only in the case of indigent patients who have submitted satisfactory evidence that they were not assisted by any person or institution to leave their legal residence or did not themselves leave in order to receive benefits under this Act.

SEC. 3. That the Secretary of the Treasury is authorized to issue regulations governing the designation of institutions and establishment of standards and for otherwise carrying out the provisions of this Act; and he is further authorized to collect and make available for general use information and descriptive matter relative to the construction, equipment, and maintenance of hospitals, sanatoria, and similar institutions.

SEC. 4. That detailed estimates of the sums required annually to carry out the provisions of this Act shall be submitted hereafter in the usual Book of Estimates.

---

*Introduced into the House of Representatives by Wm. Kent of California, and into the Senate by Senator Norris of Nebraska.

BOOK REVIEWS

New Concepts In Diagnosis and Treatment. Philiopolis Press, San Francisco. Dr. Albert Abrams, A. M., LL. D.

This is a book which should be in the hands of every earnest seeker after new medical knowledge.

This book of 335 pages covers new methods of percussion, biodynamgnosis of diseases, sexual polarity, measurements of human energy, gyrography, splanchni-diagnosis, and many other things.

The reviewer took a course in Chicago with Dr. Abrams a short time ago and speaks with personal knowledge of his efficient modes of teaching and his warm personal friendship.

The physician of today must know and practice a kind of medicine which consists in far more than pill-giving or his patients will go to some other man who knows these latest methods of medical science.

Entirely aside from the question of profit, financially, which the readers and users of this fine book may gain, is the extreme fascination of the book. A man will find on many of the pages the explanation of many of his life-long problems. For example, the remarks on short circuiting the brain to prevent undue loss of energy passing from the body is very interesting.

In conclusion, the reviewer would suggest all medical men to purchase a copy of this book and they will be repaid.

G. C. Dominick.

Cancer of the Stomach. A Clinical Study of 921 Operatively and Pathologically Demonstrated Cases, by Frank Smithies, M. D., Gastro-enterologist to Augustana Hospital, Chicago. With a chapter on the Surgical Treatment of Gastric Cancer, by Albert J. Ochsner, M. D., Professor of Clinical Surgery in the University of Illinois. Octavo of 522 pages with 106 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, $5.50 net; half morocco, $7.00 net.

In a book of five hundred pages, the author sets forth the record of over nine hundred cases of gastric cancer, cases demonstrated malignant in pathology and by operation. These records come from a clinic service of ten years at the University Hospital at Ann Arbor, at the Mayo clinic and during the author's service at the Augustana Hospital in Chicago. Such a record set forth in logical order gives an excellent background for an exhaustive treatise on the various aspects of gastric cancer. Approximately 75,000 deaths from cancer are reported during the year 1913. Thirty-eight per cent of these were diagnosed as gastric. These disquieting statistics furnish the motive for Dr. Smithies, out of "a moderately busy life," to present "one clinician's analysis of certain facts observed in a great group of patients affected with a like ailment."

The chapter on Morbid Anatomy and that on Roentgen Examination are profusely illustrated. The chapter on Diet over-

throws many traditions, not so much an attack on specific foods, as on the fundamental etiological factor, traumatism. Traumatism may be mechanical or chemical, or it may be such traumatism as comes from thrusting repeatedly upon an organ demands for functioning beyond its capacity. In hygiene, the author assails the vicious living habits of the well-to-do. Chapter XI is devoted to Surgical Treatment, written by Albert J. Ochsner, B. S., M. D., LL. D., F. R. C. S., F. A. C. S. The magic influence of capital letters extends into the following chapter on Non-surgical Treatment. Starting with the premise that "the early diagnosis of gastric cancer is a microscopic one," that "all patients with obstinate dyspepsia should be advised to submit to laparotomy," that "under no circumstances other than obstinate refusal of surgical measures, should x-ray therapy be advised in instances of suspected or early gastric malignancy," it is easily believed that at this early stage of x-ray therapy, "no instance of pathologically demonstrable gastric cancer * * * * has been cured by x-ray treatment." More alluring to the average internist will be the author's suggestion to clear up the earliest indication of gastric malfunction, and to utilize the possibilities in the therapeutic measures of adjustment of diet, of colloidal copper, platinum and selenium, in conjunction with the trophic possibilities of electrotherapy. *S. M. H.*

Pulmonary Tuberculosis. By Maurice Fishberg, M. D., Clinical Professor of Tuberculosis, University and Bellevue Hospital Medical College; Attending Physician, Montefiore Home and Hospital for Chronic Diseases, New York. Octavo, 639 pages, with 91 engravings and 18 plates. Cloth, $5.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1916.

The most significant conclusion of this writer after eighteen years of experience with the tuberculosis problem is that "careful home treatment is productive of practically the same immediate and ultimate results as institutional treatment, and is less costly to the patient and to the community." The book is written for the general practitioner. It is a book which brings to its audience the conclusion of a serious and well-informed clinician. A careful discrimination is made between "incipient" and "curable," "advanced" and "hopeless;" between "infection" and "disease," "tuberculosis" and "phthisis."

The difference between tuberculosis in infants and in children is definitely outlined and medicinal treatment is so painstakingly presented that it is a joy to read these papers after a deluge of therapeutic nihilism. Most gratifying is the admonition familiar to all students of homœopathic therapeutics, "In addition to the above there is to be given medication according to indications as revealed by the symptoms."

On the whole, the book is optimistic, provided the doctor and patient will exercise common sense, and the money for decent living conditions is forthcoming. In other phraseology, the modern care of tuberculosis is a problem of intelligent care and generous finance. *S. M. H.*

THE JOURNAL

OF THE

American Institute of Homœopathy

Vol. VIII JUNE, 1916 No. 12

PRELIMINARY ADDRESS*

By Henry C. Aldrich, M. D., Minneapolis, Minn.

The work to be done at the Institute session in Baltimore includes a discussion of and adoption of a reorganization under some definite business scheme. This preliminary address is published in the June JOURNAL as an incentive to members to give serious consideration to the executive business of the Institute.

Having arrived at my Seniority in the Institute, having been a fairly regular attendant at its meetings and its deliberations, I am constrained to say that the great honor which was thrust upon me one year ago has fallen upon an individual who can say with one of our authors, "Happiness is great love with much serving," and who can truly say that his great happiness is to serve this honorable body at any and all times, in an endeavor to demonstrate his love for this organization.

Revision of Constitution and By-Laws

I most heartily endorse the onerous work done by the Committee on Revision of the Constitution and By-Laws, who should be made to understand the value that we, as a body, place upon their labors, by a whole-hearted endorsement and adoption of the result of their combined and continued labor, with but this one little exception, that I do not believe in the rule to exempt the Seniors from payment of dues.

Exemption from Dues

A *Senior,* in my opinion, should be so deeply attached to the American Institute of Homœopathy, because of what it means to him as an individual, that his innate sense of loyalty should compel him to do his utmost not only to support, but

*Business Session at Baltimore, Monday morning, June 26, 1916.

in every way to uphold and advance its interests, and no better way can be found than by financial contributions.

Therefore, I believe that all members should pay dues, unless the Senate of Seniors sees fit to grant exemption in individual cases.

Business Reorganization

I feel very strongly upon the matter of methods of conducting the business of the Institute, possibly because I recognize my own shortcomings along that line, and I would urgently suggest serious study of the plan presented by Dr. Charles E. Sawyer and the ultimate adoption of his suggestions, which present so many points of value and which will tend to simplify the business management of the Institute.

Federation

The matter of the federation of the Homœopathic societies, national, state, district and local, as presented by Dr. Scott Parsons, has my most enthusiastic endorsement, and I can only add that we should not only adopt his suggestions and plan, but should use every endeavor to bring about an immediate carrying into effect thereof.

In union there is strength.

Postal Vote

In the matter of giving every member a chance to vote on all general policies and for the officers of the Institute by postal card, I can say that I am willing to admit the justice of the plan, but I must say further that, personally, I do not favor it, simply for the reason that I think members who are not sufficiently interested to attend the meetings of the Institute ought not to be permitted to vote, unless it be through instruction of delegates from state, district or local societies. I say this advisedly, because of my intense sense of loyalty to the Institute, what it stands for, and what it means to Homœopathists.

I wish to most heartily commend the work done by the various committees appointed by me and the aid given by their whole-hearted support.

Particularly do I wish to commend the work of the Press and Transportation Committees under the able management of Drs. Parsons and Harkness.

To the Officers and Trustees I give thanks for their every effort to aid in making my labors as President less onerous. Particularly is this the case in regard to the assistance from my immediate official family: the Secretary, Vice-Presidents, Treasurer, Registrar, and last but not least, Dr. Charles E. Sawyer.

VALUE OF ORGANIZATION*

By G. Forrest Martin, M. D., Lowell, Mass.

The call is for organization and efficiency. This is as necessary today in our medical walks as it is in the political life of the state. We are too complacent; too indifferent; too much wrapped up in our own personal affairs, to realize that we are only half performing our duty to our fellow men. Many of our ablest physicians are not even enrolled in our society lists, or at best are only nominally members. They give none of their time or ability towards making our societies stronger, because they are too selfish or too indifferent to sacrifice a few hours or a few dollars to help elevate the general standards of the profession which they have selected. It is a crying shame that only about one-third of the homœopathic profession of this state is enrolled in this society, and only about one-half of this society belongs to the national body, and only 25 per cent of the homœopathic profession of the United States are members of the American Institute of Homœopathy. My friends, we have neglected to prepare ourselves in our medical organizations quite as much as the Country at large has in a military way, and we are quite as likely to pay dearly for our indifference. In fact, we have already done so in many ways and the end is not yet.

* * * *

And now, to carry our analogy a little farther, I must say a word here in favor of Federation, which is proposed so ably by Drs. Wilcox, Sawyer and Parsons, of the American Institute of Homœopathy and the various state and local societies.

This subject is bound to be an important one for discussion at the Baltimore meeting of the Institute. We should aid it in every way possible. With a strong central organization having permanent quarters and officials, whose sole duty shall

*From the President's Address given before the Mass. Homœ. Medical Society, Boston, April 12, 1916.

be to keep in touch with every phase of our interests; with a Congress of State Representatives, meeting regularly to discuss important matters and with radiating arms which should reach out to every society, hospital, yes, to every individual member of the homœopathic profession in this great country, helping us all to help ourselves, and at the same time giving each one the benefit which comes from a strong practicing organization, much good must follow. I appeal to you all to lend your aid in every way to strengthen our societies and schools and hospitals, and thus, will you all be strengthened.

SPECIALTY IN THERAPEUTICS — HOMŒOPATHIC PRACTICE*

By J. Ivimey Dowling, M. D., Albany, N. Y.

Physicians and surgeons of the Homœopathic Medical Society of the State of New York, it has been my pleasure to serve you during the present year as your president. This privilege has brought with it many cares and anxieties because, for one reason or another, the society had lost its snap. Members were not attending our conventions in sufficient numbers to act as inspiration to those who took part. The reasons, varied though they were, are not sufficient to warrant this negligence of duty on the part of our various members.

My personal consideration of the pros and cons as to why homœopathic societies, not alone in this state, but throughout the entire country, are becoming less active has led me to the belief that it is largely due to the fact that we have endeavored to elevate the *specialty* of homœopathy *to the plane of a system* of medicine. This, as I have stated in a previous address, is a mistaken view, for at no time should homœopathy have ever actually enjoyed the distinction of being a true system of medicine. This statement should require no explanation. A system of medicine is necessarily a more complex and complete thing than homœopathy should ever have claimed to be.

Recall, if you will, the status of medical practice at the time Hahnemann promulgated the law *similia similibus curantur.* Cupping and leeching, venesections and more or less haphazard surgery were the vogue of the day. Remedial drugs were poorly

*President's Address at the Sixty-fourth Annual Meeting of the Homœopathic Medical Society of the State of New York at Rochester, N. Y.

understood. The dose of calomel far exceeded its virtues as a purgative, while cinchona was given in such massive doses that many a poor malarial victim merely exchanged his lot for one of impaired hearing. There was no law; therapeutics was then based upon pure empiricism.

Hahnemann verged upon the great scientific truth of the present day when he was led to theorize after having made his great translation of Cullen's Materia Medica. Without the aid of laboratories or other of our modern scientific methods, he established the virtue of drugs given in small doses, the benefits to be derived from carefully advised diets, the importance of abstaining from tobacco, alcohol, and coffee during the treatment of certain diseases; and in his theory of psora he glimpsed, as through a fog, the distant day when through scientific achievements diphtheria would be controlled through the use of antitoxin, and the then unrecognized infantile paralysis would be understood and a cure made possible through the achievements of a Rockefeller Institute.

In establishing the importance of therapy, the small dose, the virtues of potentization and the single remedy, Hahnemann established himself and his immediate followers as specialists in therapeutics and specialists only. He recognized the need for surgery and all that pertains thereto, for in the first paragraph of the Organon, he distinctly declares that the physician's first and only duty is to heal the sick. Apparently his mind at that time was broad enough and his gauge sufficiently great to comprehend that there was something more to the practice of medicine than the mere prescribing of drugs, and so I am sure that if he were alive in this twentieth century, he would urge his followers to disclaim that theirs is a system of medicine. If I read his genius aright I am sure that he would have acclaimed that "homœopathy is a therapeutic drug specialty primarily governed by the law *similia similibus curantur.*"

The study of disease has now become such that to many the clinical significance of symptoms is overlooked. There are many doctors in practice at this time who will refuse to make a diagnosis until the laboratory has reported upon this, that or some other smear or culture or determined whether a section of a given growth is malignant or non-malignant. To an extent, this is a correct attitude, but it seems to me that it is being overdone and that at least some men are being taught to lie back and refuse to assume the responsibilities incident to clinical diagnosis. Clini-

cal diagnosis is absolutely essential for the proper and immediate relief of many cases, and the more thoroughly we understand the symptoms of diseases the better able we will be to relieve the patients.

To Hahnemann belongs the credit of having determined the value of symptoms, and, whether we believe in the law *similia* or not, as good physicians we must study closely what symptoms appear and in what way they may be relieved, for by so doing we may be able to establish the clinical significance of certain complex symptoms and thereby be led to discover their actual pathology, and this would lead us to emphasize the great need of determining the cause of any given ailment and direct us to the true treatment so long acclaimed and so poorly followed by some, namely: Remove the cause and the disease will recover spontaneously. Many diseases may be and have been cured without a name having been assigned to the patient's ailment.

This is good practice, in so far as the patient's needs are concerned, but is not truly scientific, and so it is that in all the great research laboratories there is the endeavor to determine the specific causative agent for all diseases.

The question has been debated many times as to what part homœopathic physicians have played in the progress of modern scientific medicine. It is unfortunate, but true, that as a system we have rested upon the great achievements of Hahnemann and his early followers and for this reason we have been banded together as a system, although our colleges have broadened out with the demands of the time until now their curricula embrace all that any other college does, *and a little bit more, for they in addition teach homœopathic therapeutics, or we might definitely state, the specialty of homœopathy.*

Medicine today is made up of an aggregation of specialties and so it is but right that, since we are followers of the first great specialist in medicine, there should also be surgeons, gynecologists, obstetricians, oculists, and any other that is necessary.

The homœopathic leaders of the several specialties are second to none in their various fields, but it is a unique thing to consider the fact that, when they desire special recognition for their achievements, they seek some publication of the dominant system in order to present their ideas to the medical fraternity. There are probably many who would say that such is the truth and you cannot blame them, for it is in the nature of man to desire recognition for any good achievement. There is no dearth

of ideas or lack of skill in homœopathic physicians or surgeons and therefore it should be the privilege and the pleasure of all homœopaths to earnestly support the men in their school who have obtained skill in any given line. That this is not always done you very well know, but because it is true does not make it any the less unfortunate.

If you have followed me you will be ready to understand that the preservation of homœopathic societies is necessary in order to permit the dissemination of truth that there is efficacy in drug therapy. We may not be able to explain why certain organisms will not exist when subjected to the influence of a given drug in potency, but that such is a truth none will gainsay if they have had any experience whatsoever in treatment of diseases by remedies prescribed homœopathically. By all means preserve your society, *but do not attempt to do so with the idea that you are preserving a system of medicine, but do so with the understanding that there is a truth which still needs emphasis and that for the proper preservation of this truth it is necessary to be supported by organized societies.* Every society which bears the name "homœopathic" becomes a monument to the genius of Hahnemann and should be considered only in such a light. In declaring yourself, it would be well to state emphatically that, while you possess all that is taught by scientific methods, in addition you possess and believe in drug therapy. The time has not come when nature's remedies can be thrown into the discard.

Homœopathic societies should acclaim all that is scientific in the given specialties, but their right to exist makes it necessary that they emphasize the truth of *similia similibus curantur.*

A State Society for its fullest efficiency should be the true head of the local organizations scattered throughout the state, that is, it should act as a link to connect the interests of the various localities and enhance the influence of sections by making a wider and more general influence which could be brought to bear when necessary upon the politics of a state. In a larger way the national society should bear a like relationship to the several state societies and the ideas promulgated by Parsons in the February issue of the Institute JOURNAL may well be considered if we are to have a national body of political significance and influence. Sawyer has presented a very adaptable plan in the March issue of the Institute JOURNAL which it would be well for all state societies to consider. Homœopaths throughout the country owe these two men a debt of gratitude for the ample way in which they

have discussed the subject and the suggestions which they have made. If we are to have truly successful local societies and a widely influential society in this great Empire State we must hark back to the duties of colleges to the various sections in the state. The mere teaching of medicine is not sufficient. The students of medicine should be placed in association with the several sections of the state by means of our hospitals even at a sacrifice of the more personal needs at the college themselves, for if this is not done, the state influence will be gradually lost and the homœopathic influence of New York State will be segregated to sections about Manhattan Island.

Our hospitals should emphasize the virtues of homœopathic prescribing, but should not be proscribed because they permit specialists and men of different views to act upon their staffs. I doubt if there is a single homœopathic institution in the world where homœopathy alone is employed. If there is such an institution, personally I am ashamed of it.

One criticism of homœopathic physicians may justly be ascribed to the fact that wherever they locate they are apt to become successful practitioners, if for no other reason than because they do not overstimulate or kill their patients by meddlesome drugging. Their very success in practice explains to a degree their lack of original research along other lines. Original surgery our members have accomplished and some of them have laid down principles which are accepted by the surgical world at large, but as I have previously stated, this is not because they were homœopaths, but in spite of the fact. Therefore, we should aim to make our hospitals research centers in clinical significance of diseases.

At the Homœopathic Hospital in Albany, I have been afforded the opportunity to establish a clinic in which we are now conducting original observations upon glaucoma and research into the varied mysteries that may arise from diseases of the several accessory nasal sinuses. Similar and allied work should be conducted at all our homœopathic institutions and at these gatherings there should be an exchange of ideas so that we may evolve certain truths and arrive at conclusions that shall be accepted by the world at large even though they be published in homœopathic periodicals.

Emerson has well said, "If a man can write a better book, preach a better sermon or make a better mouse trap than his neighbor, though he build his house in the woods, the world will make a beaten path to his door." If the homœopaths as a body

will do work along these lines the world will acknowledge the law *similia similibus curantur,* and acclaim those who are fortunate enough to establish any truth in scientific medicine or surgery.

116 Washington Ave.

MEDICAL PRACTICE TODAY*

By Joseph R. Hood, M. D., Golden, Colorado

The laity are being educated in preventive medicine and taught to bestow more care upon their physical condition. This is accomplished through the medium of the public press and by popular clinics. If we could have the medical news of the day censored, many popular misconceptions might be dispelled. In this connection my thoughts recur to the craze concerning radium as a cure for all forms of cancer. The zeal with which some experimenters hurried to announce their results from the use of this metal was untimely. Radium has its place; but just what that is, is far from being definitely determined. Twilight sleep is another therapeutic method which was rushed into the public press and before the laity prematurely. Another popular misbelief is that this is the day of drugless healing; that diseases are dissipated by the medicinal force of nature alone, are self-limited, or are cured entirely by manipulation.

What, however, are we to expect of the laity, when some physicians say of pneumonia that it is a self-limited disease, uninfluenced by medicines?

The value of the law of similars is daily being more and more recognized. The *Pacific Coast Journal of Homœopathy* quotes Prof. Richard C. Cabot, of the Harvard Medical School, who concedes that the use of tuberculin in tuberculosis is homœopathic; that bacterial vaccines are homœopathic in principle; that the small dose of these is homœopathic; that radiotherapeutics is a striking example of the homœopathic principle; that the approach to the single remedy is homœopathic; and that the regular physicians are wrong in not experimenting with homœopathic remedies.

Prof. Von Behring, of antitoxin fame, admits that the word "homœopathy" expresses best the ideas of immunity and vaccine treatment. Prof. Huchard, of Paris, is also con-

*Abstract of President's Address, Homœ. Med. Soc. of Colorado, September, 1915.

vinced that homœopathy has many truths, both in application and dosage. Prof. Gimeo, of the medical faculty of the University of Madrid, likewise agrees with us that Hahnemann's law of similars is scientific and sound.

These concessions, coming from those high in authority in the old school, should induce every physician of that school to lay aside prejudice, acquired or inherited, and look into homœopathy, which can be best done by studying the publications of the homœopathic school. Some of our men are prolific and forceful writers. Why do not others follow their example? Such work redounds not only to one's individual credit, but also to that of our school.

In the treatment of wounds, a consideration of the curative value of autotherapy is greatly to our advantage. An example of the simplest method of giving a patient a dose of the toxin from his own infection, may be accomplished by massage or passive motion of a joint which is infected. By such a procedure the circulation in the part manipulated is increased, infected foci are broken up, and a greater or less amount of toxin is thrown into the general circulation. Increased breathing or exercise in a case of pulmonary tuberculosis usually gives the patient a dose of his own infecting toxin. As a result, in both cases cited, an elevation in temperature is the clinical evidence of the toxin having been freed in the circulation. There are disadvantages in such a procedure, for in the first place live bacteria may be freed by the manipulation and carried along in the circulation to a possible new focus for spread of the infection. Again, there is no way of measuring the dose of the toxin given the patient by such manipulation, and thus it is difficult to avoid producing an over toxic state. In this connection we should make mention of autotherapy as practiced by Dr. Duncan, of New York. He takes the position that the toxin produced by the germ growing in the body of the patient should be the ideal toxin to stimulate the curative reaction in that same patient. There is no question in our mind of the soundness of such reasoning.

Every theory advanced in favor of vaccine therapy, including its homœopathicity, is evidence in favor of Duncan's contention. If we are agreed that this bacterial toxin is the factor in producing disease, then as homœopaths and scientists we maintain that those same or similar toxins will assist the body to its own defense, producing antitoxins for that purpose.

The stock vaccines as used, whatever good they may do in individual cases, are unscientific, unless a bacterial diagnosis is made in each case, and the bacteria of the stock vaccine used concur with the diagnosis. The use of the nosodes, which have had a proving, is believed to be a more scientific procedure. It must be evident to all of us that in administering stock vaccine on the clinical picture in no way makes sure a complete bacterial diagnosis. Such practice is akin to polypharmacy methods of practice or the combination tablet.

The autogenous vaccine, even though it be a mixed autogenous vaccine in principle, is based upon a clinical bacterial diagnosis of the individual case under treatment. It should be free from live bacteria and chemicals. A filter that will insure a bacteria-free filtrate will provide us with a toxin capable of producing the symptoms of that particular bacterial disease.

Several years ago, Wheeler in London, Burrett in Ann Arbor and Watters in Boston, performed a series of experiments tending to demonstrate that certain drugs possess the power of increasing the degree of immunity against certain specific bacteria in a manner identical to that exerted by vaccine.

Later, Mellon of Ann Arbor claimed to have produced other evidence of body reaction to drugs similar to that produced by toxins. This had reference to the appearance of a positive Widal reaction following the administration of baptisia. This has recently been confirmed by Wright of London. Even more recently, Hooker, in Boston, has made extensive studies and practical laboratory tests concerning the effect of drugs in producing immunity.

During the year 1914 much work was done by Wesselhoeft in Boston, in a study of the effect of quinin upon the malarial organism. His results tend to show that quinin acts not as a direct parasiticide (as we have heretofore thought to be the case), but by stimulating the natural resisting forces of the body to greater activity in a manner closely allied to immunization.

Dr. Hooker summarizes his extensive laboratory work with the following introductory sentence:

"In a review of the literature, numerous observations have been cited, showing that there exists considerable evidence in

support of the hypothesis that many drugs in common use may, directly or indirectly, stimulate the human or animal organism to produce antibodies; i. e., some drugs may possess antigenous properties. Citations have been made to show that tolerance to many drugs can be definitely established."*

Such splendid work cannot be ignored by the scientific world indefinitely. It must be understood, however, that the opportunity for such experimentation is the golden opportunity for our school of medicine. It is our chance to demonstrate to the scientific world that what we have contended for, for more than a hundred years, is correct. There is a much higher purpose than simply proving our point. It is that the homœopathic scientist is better fitted by training and temperament than other workers. He is a therapeutist by choice and it is his special business to work in this field. The place for such work is in our homœopathic colleges, and the machinery for such work should be in our laboratories for the teaching of materia medica. I hope we may all agree with Dr. Burrett's prophecy, that, in the final analysis, the crowning achievement of the vaccine treatment of infection will be that some scientific Moses will rise up out of the field of investigation, big enough to prove to the scientific world that for every infection, with its myriad of symptoms, there is an attenuated drug which, matching those symptoms, is able to call forth a reaction on the part of the body cells for cure of that disease.

May we be allowed to go a step farther and say that this same principle of action will be carried into the field of preventive medicine and the production of immunity be produced by the small dose of the single remedy?

One of the features of President Miller's address before the American Institute meeting recently held in Chicago was the great need of a postgraduate school where pure homœopathy should be taught. He held the view that the amount of work laid upon and demanded of the students in our medical schools almost precludes the possibility of the student being properly trained in homœopathic materia medica, the selection of the remedy, and the practical ability to prescribe successfully. Dr. Miller claims that many of the graduates of our homœopathic colleges frankly admit that they know little about homœopathic prescrib-

*Relation of Drugs to Immunity—S. B. Hooker—Jour. Amer. Inst. Homœ., Dec., 1914, pages 697-719.

ing. Postgraduate schools will remedy this to a certain degree, but it is imperative that more stress should be placed upon instruction in homœopathic materia medica and homœopathic therapeutics in our homœopathic colleges during the regular college courses of study. Would it not be better and wiser to fit our young men and women for their life work with a good, broad general education in medicine and surgery, leaving the refinements and specialties for later postgraduate work?

I wish to call attention to the fact that all of our colleges *are* showing renewed activity and growth, and are teaching homœopathy as the foundation stone of special therapeutics, and giving broad and complete educational advantages equal to any old school institutions, and superior to them in the addition of thorough training in the application of the law of similars.

The endowment of a department of Homœopathic Materia Medica with a practical laboratory for proving by Mr. Hering, son of the famous Dr. Constantine Hering, at the Hahnemann Medical College of Philadelphia, and special laboratories in many of our other homœopathic colleges for research work in various lines are a source of much gratification and pride to all earnest homœopathic physicians.

The opening of the college of Homœopathic Medicine, Ohio State University, and making Hahnemann College of the Pacific, a part of the University of California, are an advance along the lines indicated above. Where it is feasible, homœopathic medical departments in state universities with ample support from the state, will do more to advance homœopathy and bring it before the people than small independent medical colleges poorly equipped and endowed. The incorporation of the Southwest School of Medicine and Hospital at Kansas City is another homœopathic achievement. "Similia similibus curentur," as a working law, is the same today as it was in the day of Hahnemann. If it is to live as a valuable guide in the treatment of the sick, then we must see to it that the colleges in which it is taught are kept in existence and that the organizations of our school be constantly alive to the best interests of our Institutions.

RELATION OF HOMŒOPATHY TO DIAGNOSIS*

By Herbert D. Schenck, B. S., M. D., O. et A. Chir., F. A. C. S., Brooklyn

In the days when homœopathy was establishing itself in America, the constant warning of the leaders, who grew enthusiastic over this new method which had ostracized them from association with their brother practitioners of the other school, was to give their whole attention to the selection of the remedy. Much was written on this subject, and at all gatherings of homœopathic practitioners the admonition was to ignore diagnosis and to advise those who were prescribing according to the law of similars that diagnosis had no value in selecting the remedy. It was considered by these men that in curing the sick the selection of the remedy did not depend upon diagnosis, the total symptoms of the case being all that was necessary. The pendulum probably swung too far toward making the administration of drugs the sole consideration of the practitioner.

On the other hand, the present day tendency to consider the administration of drugs as having little effect upon the course of disease, goes so far the other way that the patient's best interest is jeopardized by this pessimism.

All the writers of the old school in recent years have denied that there was much value in drugs, with the exception of quinin in malaria and mercury in syphilis. This teaching in the leading medical colleges of this country has graduated men who are supposed to be thoroughly equipped for telling the patient what he has and the probable duration of his case, without giving him any help in making a speedy and easy recovery.

The elimination of therapeutics and materia medica from the requirements necessary for state licensure has further discouraged the careful study of the effect of drugs and made the student feel that it is of the least importance of any of his subjects. He feels that he must make his diagnosis first and then proceed by mechanical or other external methods to cure the patient. The latter's personality or the particular manner in which the disease is affecting him personally does not enter into the calculation in selecting curative agents. All cases which he can diagnose go into the same hopper and are ground out in one way.

Stress is laid in these days entirely upon the prevention of

*Bureau of Homœopathy, A. I. H., 1915.

disease as being the whole function of the medical man. The writer fully agrees that the prevention of disease is the highest function of a physician, and that knowledge of sanitation and hygienic living is of untold value to the public. None of us, however, be he a member of the profession or a layman, has reached that high plane of living where he can keep his organs functionating in a perfectly normal manner until they wear out. We all need to have imperfectly acting cells occasionally brought back to the normal.

This attitude of physicians in magnifying prevention and belittling curative agents, except they be mechanical or external, while it may be commendable, has an effect upon the public that is too little appreciated by practitioners in general. This lack of confidence in drugs expressed by the leaders of old school medicine has penetrated among the laity until they have come to feel that in most ailments the doctor will only confirm their diagnosis and will add nothing to the rapidity or ease with which they recover their health. He may give them a purge, but they have learned that this is the first thing to consider and have usually already taken one before the professional man is called. They have come to feel that they can save annoyance, trouble and expense and probably treat their disease as successfully through quack remedies or over the druggist's counter, as they can through the physician's office.

Recently I heard a manufacturer of "specific remedies" state that, while he felt there was no method of relief for most diseases, unless it was through his preparations, the physicians generally were losing sight of the economic fact that their practice was slipping away from them simply because they had nothing to offer in curing human ills. He related the case of a Polish practitioner who spoke broken English, but a man who through some rather remarkable cures made by the use of vaccines, had secured a large clientele among a group of Christian Scientists in a city of New York state. He claimed that the lucrative practice which this man had secured was due entirely to the fact that he had come to believe that he could do something for the cure of disease and that these patients were not satisfied to have others treat them on the expectant plan. This may be an economic hint to some practitioners who have felt the squeeze of the recent hard times.

It has been claimed by some men who are making pathological examinations that the Wassermann reaction, when careful

technic is used and in cases that are not overloaded with drugs, will show a correct diagnosis in over 90% of the cases in lues. In spite of this reputed accuracy of so-called laboratory methods, there have been a number of statements made in recent years that autopsies have shown that a very large percentage of faulty diagnoses were being made. That being the case, it would seem wise not to place our whole reliance upon this method of taking care of the sick, but to go back in a reasonable way to the use of properly selected drugs as a curative basis for the treatment of our cases. We shall be much better satisfied than if we depend wholly upon telling the patient what he has and how long a course it will run, and he will feel more secure than he can be made to feel on advice alone. Do not mistake me in advocating that we should go back to the view of the pioneers of homœopathy and largely ignore diagnosis, but rather that we use our knowledge of diseases and their causes in knowing how to care for the case from a dietetic and hygienic standpoint and be able to add other adjuvant treatment that a diagnosis may suggest as advantageous in promoting the patient's speedy recovery.

It is the feeling of the writer that a knowledge of the tissues involved in any case may give a suggestion of a group of drugs that would be homœopathic and from which a selection might be made for the particular case. Iritis with active inflammatory symptoms, with pain and other evidences of an active plastic inflammation, might require aconite, spigelia or some of the various forms of mercury, while one of the quiet type would probably find its cure in iodin, one of the kalis or some drug of this type.

The diagnosis is also of value in making it possible for physicians to help the community by protecting it from the spread of contagious and communicable diseases. This is a duty that has nothing to do with the cure of the sick, but is of such importance at the present time as to make it imperative that an early diagnosis be made, not so much for the patient's benefit as for those surrounding him.

The teaching in homœopathic medical colleges has been influenced by the emphasis that has been put upon the clinical teaching of diagnosis and the prevention of disease by the old school. They insist that this is the *one* thing necessary to become a qualified medical man. Now-a-days most effective clinical teaching is being done in all our medical colleges along the lines of physical diagnosis and the mechanical methods of obtaining physical evidences of disease. In the past ten years changes in

regulations for the legal practice of medicine have eliminated largely materia medica and therapeutics, and tended further to advance therapeutic nihilism. They have given additional stress to the basic sciences and to diagnosis, until the student comes to feel that he must be a surgeon at once if he is going to practice the healing art successfully, that medicine is a specialty to be enjoyed by the few.

Our homœopathic colleges must revise their methods of presenting the uses of drugs. Didactic teaching must soon be of as little use here as it is in teaching the practice of medicine or surgery. The demonstrations that are daily given of the latter are a large factor in making this the ambition of every student. The clinical demonstration of homœopathy must give the law of similars its proper value in the practice of medicine and win over the skeptical and those but half convinced by only hearing its principles stated in the class room. Homœopathic colleges were established to promote a knowledge of our law, and they must ever make that their chief thought and extend to it their best energies by giving the most complete demonstration of it at the bedside. Nothing in promoting the welfare and soundness of our colleges can compare with the widest extension of the bedside demonstration of homœopathy.

Some years ago a case of malaria which had long resisted treatment came into Flower Hospital. The plasmodium was demonstrated in the blood by the bacteriologist and later disappeared after the patient had been given the indicated remedy. This is the kind of unanswerable demonstration we need every day. Our colleges must turn over a new leaf and demonstrate our law as well as fix the indication for our drugs in the minds of the students. Then we shall have taken a step toward turning out efficient and enthusiastic homœopathic physicians who will have faith that they can accomplish more than graduates of allopathic colleges, through their knowledge of the proper administration of medicine, through the aid of the law of similars.

It is necessary for a doctor in his examination of a case to consider not alone what may be the matter with the man, but along with that, and on a par with it in importance, is the gathering of the symptoms by the homœopathic physician that will give him his homœopathic prescription. In every case the important thing to the homœopathic examiner, no matter whether he has a pneumonia, typhoid fever or an iritis, is what remedy

covers this group of symptoms. The habit of *thinking in terms of the remedy* instead of in terms of the disease is too much neglected by most of us. We need a new attitude toward our cases by becoming *remedy thinkers,* which is of as great importance as knowing what diagnosis to make. We must have a thorough grounding in materia medica to be able to do this. If we consider what has been accomplished by our predecessors who freshened their knowledge daily by the study of their drugs and cases, we can gain the enthusiasm and courage and "daily increase more and more in grace" and knowledge.

Years ago when the New York Ophthalmic Hospital came under the control of a group of homœopathic physicians, they were compelled to build almost *de novo* a system of therapeutics. The late T. F. Allen stated in the introduction to the first edition of *Ophthalmic Therapeutics,* which was issued after our school had been in control of the hospital for some years, that the surgeons were compelled to build up an entirely new clinical record:

> "The patients were examined first to make a thorough diagnosis and second to obtain the symptoms local and general which would indicate a remedy. We were handicapped with no prejudice in favor of or against any drug, because of a diagnosis, and were perfectly ready to prescribe any drug in the materia medica, from A to Z, for any form of disease. The writer, not unfrequently, devoted the larger part of an afternoon to a single case, and, often a part of a night, poring over our imperfect symptomatology; he compiled a large work in manuscript, arranged in sections (*The Eye and Its Appendages*) for ready reference; and gradually there grew a system of approved indications which will always endure. This method and its results, the brilliant cure of supposed incurables, and the wonderfully rapid growth of the hospital, as a consequence, became widely known."

This should be the attitude of homœopathic physicians generally. They should take up more carefully than they ordinarily do, *remedy thinking* in taking their cases so that the study of them will result in a real homœopathic prescription. To take a look backward and pick a sheaf out of the best in our history when *thinking in terms of the remedy* was the first consideration of the homœopathic physician, will increase our general efficiency and at once give a new value to the law of similars.

THE USE OF IODIN IN PAPILLARY AND TUBERCULAR CONDITIONS OF THE ABDOMINAL CAVITY: WITH THE PRESENTATION OF A NEW TROCAR AND CANULA*

By Joseph H. Fobes, M. D., F. A. C. S., New York City

For many years it has been well known that iodin is a constituent of the tissues of the body. At the same time, the action of iodin on infections has been well demonstrated, especially with regard to the action upon the tubercle bacillus. It is rather interesting, also, to notice the action of iodin upon new growths, particularly of the papillary type. It acts as a caustic and seems to stimulate the growth of healthy tissue.

On August 30, 1913, I operated a patient, Mrs. P., referred by Dr. B. B. Clark, for a double papillary cystadenoma of the ovary, at the Hahnemann Hospital. Upon opening the abdomen, the whole pelvis was found to be filled with papillary growths. As much of the affected tissue as could be was removed. The parts were thoroughly cauterized with iodin tincture. A vaginal section was made and the parts well cauterized from below with iodin tincture, and drained. Acetic acid irrigations of the strength of 1%, together with frequent applications of iodin to the abdomen and pelvis, resulted in a permanent cure. The patient left the hospital on September 24, 1913, and on January 14, 1914, there had been no sign of recurrence. The pathological examination is as follows: Specimen consists of large piece of tissue, consistency soft, color rosy. Microscopical examination shows cystic formation of the single layer of cylindrical epithelium and papillary outgrowth in cauliflower-like tufts. Diagnosis, papillary cystadenoma of ovary.

The results in this case remind me of a case of lymphadenoma of the neck in which the lymph masses so surrounded the carotid artery that they could not be removed *in toto*. Thorough cauterization, with iodin, of the cyst wall resulted in a complete cure.

Miss M. came under my care in November, 1914. On the 20th of November a laparotomy at the Hahnemann Hospital demonstrated a tuberculosis, papillary in form, of the peritoneum, mesentery and both ovaries. As many of the tubercular masses as could be were removed. The patient was discharged, the wound fully healed, by the 12th of December, 1914. On the 19th of December some glandular masses were noted in the cul de sac.

*Surgical and Gynecological Society, 1915.

Iodin in the form of a douche and iodid of arsenic by mouth were administered. Since the operation, up to January 14, 1915, the gain had been steady, amounting to about 25 pounds. On the 13th of February, she had dropped to 119½ and there was some ascites. On the 19th of March a paracentesis was performed and sixteen ounces of fluid removed from the abdominal cavity by my special trocar. The abdominal cavity was then irrigated with the large amount of ½ of 1% iodin solution. There was some reaction. Since then she has been tapped four times, and she has gained fifteen pounds. There is still some fluid present, but the nodules are very much smaller. She is menstruating and it seems reasonable to believe that her recovery, although slow, will be permanent. The reason for her recovery seems to rest upon the production of a hyperemia.

The trocar and canula used in this case is one which was devised by me to tap a case of Hodgkin's disease this last summer. It has been shown at the New York State Society meeting at New York. I find that the abdomen can be irrigated with little danger and with much satisfaction with this instrument.

The procedure of tapping for the removal of ascites is a very common minor operation. Occasionally, however, it has been annoying, in using the ordinary trocar and canula, to find that the end of the canula becomes stopped by omentum or other tissue, or the level of the fluid in the abdominal cavity falls below the tip of the short, straight canula.

I have noticed this trouble in several cases, but during the past summer it became necessary to tap a case of Hodgkin's disease in which the spleen was enormously enlarged and the other abdominal structures were rather prominent, making it almost impossible to obtain very much fluid from the abdomen with the ordinary instrument. Only by changing the position of the patient, moving him backwards and forwards, applying great pressure in flanks and loins, could much fluid be obtained; and as a result, it was necessary to devise some method by which this fluid could be removed.

To obtain this result, I took a full sized trocar and canula and selecting a silver catheter, had it straightened and a number of small holes placed near the eye and a larger eye placed one inch further back. In using this instrument, after making the puncture and allowing what fluid would, to come out, I inserted the catheter through the canula, pushed the omentum or the spleen back and immediately obtained a good stream. As soon as the

level of the fluid fell below the level of the canula, it was only necessary to deflect it, gradually pushing the catheter in until practically most of the fluid in the pelvis was forced out by diaphragmatic pressure. In order to remove all of the fluid, it simply became necessary to attach a long rubber tube to the end of the catheter, conduct it into a basin and siphon the remainder through it.

I have had Mr. Tieman make me a little more finished instrument than my original one. A groove has been added to the end of the catheter with a place for a better connection with the rubber tube.

1 W. 68th St.

SURGICAL THERAPEUTICS: NECESSARY CONDITIONS OF PRACTICE*

By Alonzo S. Shadman, M. D., Boston, Mass.

The necessary conditions for the practice of surgical therapeutics are those abnormal conditions in the human anatomy which may be termed demonstrable lesions, that are amenable to the computable, scientific, definite mechanical manipulations of surgical therapeutics. The therapeutic methods of surgical pathology are based on a quantitative comparison of masses, of pathologic facts of mass, and are therefore methods of computation, mechanical addition, subtraction, rearrangement of mechanically disarranged structures of human anatomy. The basis of surgical therapeutics is normal anatomy. The demonstrable lesions determine the nature of the manipulation. These lesions include all obvious conditions, such as solution of continuity in wounds, fractures, dislocations, deformities, new growths, infections, ulcerations, necroses, also such less obvious lesions as occur within the body cavity; appendicitis, salpingitis, gall-stones, adhesions, cancer. These lesions all practically act as obstructions to the curative process, *vis medicatrix naturae,* or the curative process of the indicated remedy.

To enumerate all necessary conditions for the practice of surgical therapeutics is not the purpose of this paper. That would be an impossible task. But in the great field of therapeutics the two most important methods, medicine and surgery, are frequently confounded. Each in itself is a science, the indications for each

*Read before the Bureau of Clinical Research, A. I. H., 1915.

definite and absolute; and it would seem quite an easy task to determine the curative agent in any given case, whether it be surgical or medical. Such is not the case, however. These two sciences go hand in hand and the indications for the application of each or both are so intimately interwoven that the line of demarcation is indeed hard to draw.

The *sine qua non* of surgery is determining the amenable lesion. The condition exists for the mechanical application of surgery or it does not exist. If this condition obtains, the procedure is evident. In applying surgery we compute mechanically; in applying medicine, we compute by the method of symptom-similarity; but in a given case who shall do the computing, the surgeon or the physician? Surgery will not apply itself, and the surgical lesion is not always obvious. Who then shall determine whether it is a surgical or medical lesion? If the case is truly surgical, as determined by either an obvious lesion or by inductive, deductive and eliminative measures, the accurate, computable, mechanical manipulation is applied, thereby removing the obstruction and *vis medicatrix naturae* is the curative agent. If the case is medical, and surgery is applied, if no harm comes of it there will certainly be no good, and the indicated remedy still awaits to be prescribed.

Ideal surgery is the absolute surgery, and that means of course the application of surgical therapeutics according to the necessary conditions, but the difficulty lies in recognizing the condition and this difficulty is not lessened by "many men of many minds." How can a physician recognize a condition demanding surgical therapeutics, when he simply will not believe in surgery? Likewise how can an operator see any use in medicine for conditions that have the least resemblance to a surgical lesion? All surgical cases do not die if the surgical operation is not performed any more than do all medical cases die if the indicated remedy be not supplied. It certainly would be much better for the patient and much more edifying to the physician or surgeon if the indicated measures were always applied.

In the hands of the honest, capable surgeon, these measures are applied absolutely or relatively, with success or failure, commensurate with their ability. These methods in the hands of indifferent, incapable practitioners are applied purely relatively generally, and are therefore no measures at all. They are successful in so far that their patients survive in spite of them. When the ill-chosen remedy fails to cure and the surgeon is con-

sulted, if he be a true surgeon and not a mere operator, he will study the situation, and if there is doubt in his mind as to it being a surgical case he will not operate merely because some one referred the case to him as a surgical one. A man cannot be a good surgeon until he knows medicine, and when I say medicine, I mean medicine as applied by the method of symptom-similarity. Neither is a physician adequate until he knows the limitations of medicine and can see in a measure those surgical lesions which act as obstacles to a cure.

If a doctor today signs himself "Physician and Surgeon," he immediately loses caste, for in order to do surgery well, one must do enough to make and keep up technical dexterity and judgment. In order to do this he agrees to do surgery exclusively or else he will not get the necessary support of his brother physicians. Therefore it is quite obvious why one cannot practice to the best advantage both medical and surgical therapeutics. And so it has come to pass in the actual application of these two sciences, one is by the surgeon and one is by the physician. Who is to be responsible in deciding the lesion? The physician should be able to, and the surgeon should also be able to, at any rate between the two they should always be able to determine whether the case was one for medicine or surgery.

Honesty of purpose and ignorance must not be confounded. A true, honest physician may be such a firm believer of the law of cure that he lose all perspective in a given case and deceive himself as well as his patient into believing that sooner or later a cure will be effected. These cases are found generally among those where the demonstrable lesion is not obvious. If it will not try your patience too much I will cite here five cases illustrating such conditions.

Case 216. Male. Age 47, married. F. H., negative. Had usual children's diseases. Had been exceptionally well all his life. Habits good, except the use of tobacco. Body strong, well nourished. Sleeps well, but wakens tired each morning. Bowels more or less constipated. Several years ago began to have indigestion for which he was treated at various times by various doctors without much relief. General, dull headache at different times during the day. Great deal of gas in stomach and bowels and a general feeling of ill-being. Physical signs were negative except a bad breath and a coated tongue. Laboratory findings negative. Has gradually lost weight, and an indefinite vacation had been advised. He was about to give up his work and go away when I saw him.

In studying this case the peculiar thing about it was that here was a young man in his prime, whose habits were good, whose work as

foreman in an iron foundry allowed him plenty of bodily and mental activity, who was eating normal food, and in spite of which he was sick. He wasn't so sick that he had to go to bed, but he was bad enough to have consulted numerous doctors without benefit, and it was quite evident that there was some definite obstacle preventing a cure. His symptoms showed plainly that the trouble was somewhere along the alimentary canal. By elimination alone our suspicions were directed towards the appendix. Our suspicions grew as we discovered that pressure on the right side was a little less comfortable to the patient than pressure on the left side. The diagnosis was made and the patient consented to operation. We found that this man's symptoms were due to a condition which was caused by the attempts of nature to obliterate the appendix. These results were manifested by peritoneal adhesions, a mechanical condition that demanded mechanical treatment. The appendix was removed, the adhesions separated, the anatomy resolved to normal, and today, a year since the operation was performed, the patient reports being better than he can remember.

Case 560. Female, age 38, married four years, never been pregnant. F. H. negative. Had measles when a child, otherwise always been well until five years ago, when she began to have pain and numbness in both hands and forearms. Has been treated by various physicians during this period for "neuritis" and "rheumatism." This condition has persisted, better or worse, until five months ago, when condition grew worse and she began treating with a prominent nerve specialist who gave her but temporary relief. Four days previous to my seeing her she was seized with a severe agonizing pain in the left shoulder near the insertion of the deltoid muscle. The pain was so severe that she had to go to bed, but the numbness in her hands was better.

When I saw her for the first time I found a plump, well nourished young woman with no evidence of disease except that her face showed plainly enough that she was in pain. She told me that her periods were regular, but that they were so painful that she had always to go to bed the first day. Has had leucorrhea, but none now. All her symptoms were worse at her menstrual period.

For various reasons it struck me as rather improbable that this young woman had any idiopathic neuritis and my suspicions were directed towards her pelvic organs. Bimanual examination discovered a very sensitive spot in the vault of the vagina, and everything considered I felt that I was right in recommending a surgical operation.

This was consented to. The condition proved to be cystomata ovari, salpingitis and chronic appendicitis. The tubes were tied up in adhesions, as was also the region of the appendix, and the appendix itself. The chief offender, however, was a large cystic prolapsed ovary. The necessary mechanical manipulation was applied to each lesion, and when the patient returned to consciousness the agonizing pain had entirely disappeared. This was done November 12, 1914, and the patient has remained perfectly well ever since, and the only untoward symptom that she ever has is a slight rheumatic tendency when she eats too much grape fruit.

Case 789. Female, age 24, married four years, no pregnancies. F. H.

negative. Always been well until five years ago, when she had an attack of bronchitis from which resulted asthma. Attacks at first were light and infrequent. Two years ago an attack of abdominal pain was diagnosed appendicitis. Since this attack the asthma has been much worse. Menses are normal but the asthma at this time is worse. For the past two months the asthma has been almost constant, coughs all the time, unable to lie down, and cannot eat, says she cannot breathe. Has lost thirty pounds in weight. Physical examination is negative except for a retroflexed uterus and râles in chest, and lower abdomen is sensitive to touch. Great pains were taken to choose the indicated remedy, but with no results.

In this case, as in the preceding, our attention was directed to the pelvis. Operation advised and accepted. Condition was found to be that of cystomata ovari, salpingitis and chronic appendicitis. Diagnosis as in the preceding case, but with various modifications. Each tube and ovary was wrapped in a mass of adhesions, extending from uterus to rectum, sigmoid and omentum. Here then was the surgical lesion which was the obstacle to a cure in this case. The necessary mechanical manipulations were applied and the way left clear for *vis medicatrix naturae,* or for the indicated remedy to complete the cure. The results in this case were magical. On account of the asthma, the anesthetic used was ether in oil, per rectum. When the patient returned to consciousness she was perfectly free from the difficulty in breathing, and at present, three months since the operation, has a fine appetite, sleeps all night lying down, has gained fifteen pounds in weight and has had no return of the asthma. She has had a bronchial cough now and then which yields readily to the indicated remedy.

There is nothing very unusual or remarkable about these cases, they are merely examples of these conditions where the very prominence of one symptom leads to a wrong diagnosis and the consequent withholding of the proper therapeutic measures.

On the other hand, we find physicians, with insufficient faith and knowledge, referring cases like the following to the surgeon for operation.

Master M., age 5. Diagnosis, cervical adenitis. Symptoms were pale, waxy face, thin neck, head perspired freely, enlarged cervical glands on the right side the size of hen's egg. The swellings were hard and movable, no redness.

This boy was referred to me for operation. In looking him over I saw at once that silica was his constitutional remedy, and after much persuasion convinced the father that no surgical operation was needed. Silica 6x cured in a remarkably short time,

and the perspiration of the head has entirely ceased. If surgery had been applied in this case, I believe a great deal of harm would have resulted.

Case 93. Miss L. Age 13. Brought into the hospital to have her neck operated on. She had a temperature of 102 plus, presented a large painful swelling on the right side of her neck, which also involved the face and floor of the mouth. Head was forced around to one side. Breath was putrid and a thrush-like exudate on the inside of the mouth and under the tongue. Swelling was hard and very sensitive. The physician who referred the case declared that if the swelling was not opened the pus would evacuate itself into her throat, and she would have a serious time.

I asked for twelve hours in which to demonstrate rhus tox. The results were magical. This was a medical case, not surgical. There was no pus. Infectious cases become surgical when an accumulation occurs which demands mechanical procedures to evacuate it and not before.

If it could be thoroughly understood that surgery is the definite, mechanical restoration of the anatomy, so far as possible to normal,—that it is the definite, mechanical removal of conditions of the anatomy acting as an obstacle to nature's cure, in cases where surgery is indicated and applied, that *vis medicatrix naturae,* or the additional exhibition of the indicated remedy, is the curative process, I believe there would be less reluctance to apply to the surgeon for help. Also if it could be thoroughly understood that surgery is not a cure in itself, merely a means to a cure, that the mere removal of a result is not always sufficient, there would be fewer surgical operations in other instances, and more diligence in searching for the indicated remedy.

Discussion

Dr. Knight, Detroit: I can't quite agree that it is impossible for a man to be both a physician and a surgeon. I believe he ought to be both physician and surgeon. There is no sharp distinctive line, one goes into the other. We know very well a broken bone is a surgical condition. We believe there are cases of appendicitis which are medical and not surgical. We know that we sometimes cure appendicitis by medicine, and yet some surgeons tell us that if we make a diagnosis of appendicitis we should immediately call that case surgical and it should be operated upon. Every case that comes into our hospital with the diagnosis of appendicitis goes to the surgical side. If a man does not operate he is considered not to know his business. But I believe many cases of appendicitis can be cured medically, that they are medical cases, that they will not recur. Of course, if we take statistics of cases of appendicitis which are operated upon immediately upon diag-

nosis, our statistics are favorable. If we take statistics of appendicitis that are operated on only when they are already advanced cases, so far as mortality and other results are concerned, they are not very favorable. Which shall we do? Shall we call them medical or surgical?

There are other cases where medicine and surgery shade into one another, goitre, for instance. Today the tendency is to operate all cases. I don't believe that is right. There are a great many cases of goitre that can be cured by medicine, but the tendency is to operate.

Dr. Walter Gray Crump, New York: It is often a most difficult problem to decide whether a case is medical or surgical. The main help to this decision is the thorough examination of the case, both as to its history and the physical findings. Often in the rush of a busy life we slight these factors and the case which should be surgical continues under general prescribing, and also on the other hand a surgical operation will at times be undertaken when the greater exercise of surgical judgment might have mapped out a better and safer way of cure than by surgical measures.

A number of cases occur to me that illustrate some of the phases of differential diagnosis in these border-land cases. A surgeon of prominence had for many years a lame shoulder. Many physicians had treated him for so-called neuritis, deltoid rheumatism, etc. One day while in New York he called me on the phone and said, "Crump, I would like to have you come down and look me over and advise with me as to what to do for my shoulder." I called. In his description he said, "I can move my hand readily around this way (indicating various movements of the forearm with upper arm kept in fixed position), but I cannot put it up; I can't play golf or do any of those things that require shoulder motion." After a little looking over of his case I said, "I think you have bursitis subacromialis; you go over and have Dieffenbach take a radiograph of your shoulder and then come up to my office and we will again go over your case. If I am right your case is a surgical one; if I am wrong it is medical and you can keep right on with the excellent line of routine that you are following." The radiograph evidenced a calcareous mass about the size of a hickorynut in his subacromial bursa. When he tried to throw the arm up above his head, bony prominences of the upper end of humerus impinged on this calcareous mass locking his joint and causing pain. He said, "Well, I will have it taken out, if you will do it under novocain, so that I can fully attend my own clinic." I took him to the hospital, where, under strict aseptic precautions, we shelled and curetted out this calcareous mass, wiping out the sac with pure iodin. He had a mirror so placed that he could watch the procedure. After a few weeks he returned from a trip south, doing all sorts of calisthenics. That was a surgical case wrongly treated for a time by medicines. The x-ray helped us establish the diagnosis and place it in its proper relation to cure.

At one time I felt that there were cases of appendicitis that were surgical and others that were medical, but some time ago I reached a stage of development of surgical judgment, since which time I have come to believe that all cases of appendicitis are surgical cases. When we realize that appendicitis under medical treatment has a mortality

of from eight to sixteen per cent, and an operative mortality in its cure of from one to two per cent, I for one would rather operate many cases of appendicitis, that would get well without operation, than to take the chance and subject them to the great mortality of neglected surgery, where they go on to suppuration, with not only its greater operative mortality, but the added post-operative sequelae of abdominal adhesions and impaired health. I had a case a few days ago, which, to a degree, illustrates my stand in these matters. I was called to the phone from the operating room and requested to see as soon as possible a prominent member of the profession, who was taken suddenly ill at his home. On arrival I found he had had a severe shaking chill, was then in a dripping perspiration, and temperature had been as high as 105. The chill had lasted nearly two hours, his right abdomen was rigid; he had on that side an undescended testicle and an old hernia and he said he was a little sore down there; it was his opinion that he had a slight strangulation; he further stated, "I feel better now and I think I am going to be all right." "Well," I remarked, "with that splinting of the abdomen, you certainly have a local peritonitis and it is my opinion we had better keep pretty close tabs on you today." I then called up a prominent medical man and a capable pathologist, requesting that the latter make a differential blood count. A few hours later we all got together and looked this fellow over and decided that he was a surgical case. He had a leucocytosis of a polymorphonuclear type, so I said to him, "I won't rest well tonight unless I have first had a good look into your abdomen." He remarked, "By Jove, Doc, you don't mean it; I have got a lot of work on hand and I can't possibly lay up just now." I further remarked, "Well, I am dead tired and I have got a lot of work yet to do, but the first thing is to do the right thing by you and take a look into your abdomen." He had a gangrenous appendix with no protecting adhesions. If we had waited until the next morning, who can say how serious the case would have been?

This is just another case to further strengthen my stand that appendicitis is always surgical. In my office I have only a few simple single physiological remedies and I seldom use them. I haven't a cathartic in my office and it is the rarest thing in the world that I ever prescribe one. I practice good homœopathy and of late years have become a surgeon almost exclusively. For ten or twelve years I enjoyed a very extensive general practice and as I look back over it I can now see that I treated many cases medically that were very definitely surgical. Nowadays many cases are sent to me every month of neglected cancer, where the case has been progressing day by day and week by week under the care of the general practitioner, because he has not brought to bear upon that case the diagnostic ability he should possess today, or he has not acquired the proper judgment in advising this class of cases. So many practitioners have women who present themselves with bloody discharges between menstruations, or at time of menopause, and how often the doctor says, "Oh, you are having change of life," and they give them a little medicine, often without even making an examination. And often on examination when they find an ulcer of the cervix, they go on with their tampon treatment for days and weeks

until the case has progressed beyond the pale of surgical cure. When finally the hemorrhage becomes great and the uterus fixed, then they send the patient to a surgeon, saying, "Well, I think you have gotten to the stage now when you had better see a surgeon." Really, they have about reached the stage when they will have to see an undertaker. If there is a true ulcer of the cervix, it is almost invariably one of three conditions, syphilitic, tubercular, or malignant, and if the latter, a differential diagnosis must be early arrived at, if the case is to go on to surgical cure. Now and then we get a case which is difficult of decision and one occurs to me just now which peculiarly illustrates the points we are developing in this discussion. A few months ago a woman was sent to me with a so-called ulcer of the cervix. The doctor who sent this case to me said, "This woman has a three plus Wassermann, a very decided specific history, and I feel that I would like to go on and treat this ulceration for a time with antispecific treatment." I looked the case over and decided that he could do so, but advised that he keep close watch of it, as it had many of the earmarks of an epithelioma and unless it responded at once, we must take further definite steps in its treatment. He treated the case for a while. Later, it drifted out of his hands; finally, after a number of months, during which time she had received eight injections of neosalvarsan and much mixed treatment, she was brought back to me. She had an advanced epithelioma of the cervix; coincident with a specific history, the condition had now become so advanced that nothing could be done in the way of a radical surgical cure, and we could only lengthen out this woman's life by doing a temporizing operation. I curetted the cancer mass in her cervix, curtailed its blood supply and thus lengthened out her days and lessened her sufferings, but if we had appreciated earlier the diagnosis and carried out radical surgical treatment soon after our first discovery of this ulcer, this woman's life could readily have been saved. This case was continued too long in the hands of the general practitioner.

Time will not permit me to multiply these cases further, which I could readily do. Suffice it to say that we should neglect no phases of diagnostic art in our equipment to handle disease; that we should bring to bear upon each case our most mature judgment, and thus early try to decide, especially in border-land cases, whether it is one for treatment by the medical man, or if its cure can be most safely and surely brought about by surgical means, to send it early to the surgeon.

Dr. Foster, Kansas City: It is difficult to say anything new on the subject under discussion. The necessity for surgical operation in cases of appendicitis, whether to operate, or whether not to operate has been worn threadbare. Dr. Crump has touched the keynote, however, in regard to this particular kind of malady, and it is admitted by the best medical authority of this day that appendicitis is a recurrent malady; in other words, a person who has had an attack of appendicitis will have another attack. That is the rule. It is estimated that nature cures about one percent of these cases of appendicitis by what is called a sloughing out of that organ. An abscess forms in the appendix and nature finds the line of least resistance through the intestinal wall into the intestinal canal, so that the abscess discharges itself primarily

into the colon, and nature finishes the cure by sloughing off the whole appendix and involved area into the intestinal canal and in that way cures the case. The fact has been stated properly that it is better, it is safer, it is in every way right, when a diagnosis of appendicitis is made, that is the time to send the patient to the hospital and operate. I have seen, in the last several years, many cases of appendicitis, and I beg to assure you that I never have known a funeral follow an operation for appendicitis except in cases already gangrenous. It is a known fact further, that within thirty hours after the primary attack of appendicitis gangrene is found, within thirty hours from the time the patient first complains of the pain in the right side. Therefore, it is a question always and first of diagnosis. Those good prescribers, homœopathic prescribers who will cure a case of appendicitis with remedies will have the same case back on their hands again within a certain length of time; it may be two or three years, it may be two or three months or two or three weeks, depending upon circumstances. The wider observations that have been made on these lines go to verify all the things that you have heard said tonight about operating for appendicitis.

The Chairman: We must always remember that a demonstrable mechanical lesion is a surgical condition. I shall call on Dr. Shadman to close the discussion.

Dr. Shadman: It has pleased me very much to hear the discussion because you all seem to have the same opinion. I made the remark that a physician could not be a good physician unless he knew surgical conditions, and that a man could not be a good surgeon unless he knew medicine. We all know that in every city graduates that decide to be surgeons go into a hospital and learn the surgical technic when they do not know a thing about medicine. They become operattors, not surgeons; they can not help a man when he is in trouble. If a doctor brings him a case and says, "I want you to operate on this case," he operates. He is an operator, not a real surgeon. A man should have years of general practice before he does surgery and at the same time he should be perfecting his surgical technic so that he can operate. Appendicitis was never cured and can never be cured by taking medicine internally. Medicine never reaches the appendix.

I remember one of my final examination questions in surgery was, "What is the cause of appendicitis?" My answer was, "The appendix itself," and there isn't any other answer. Nature starts to obliterate the appendix at a very early age, in fact an autopsy on a still-born child showed evidence of this process already, as there were peritoneal adhesions running up over the cecum attempting to bury the appendix. I do not believe that there ever was a case of so-called medical appendicitis. Nature cures or surgery cures. If a case of appendicitis does not die without being operated on it certainly is not because they received the proper medicine for it, it is because it is the nature of the thing. Appendicitis which needs immediate operation is the fulminating form and all we can do after the appendix is ruptured is to make an incision there and help nature get rid of the infection and if nature can produce an immunity against that infection then the patient is

saved. It is the adhesion around the appendix that nature throws out from the very beginning that causes appendicitis. That is why we have so many cases of gangrenous appendix because it is a mechanical condition. They will have no rise of temperature, they will have no increase in pulse and they won't have much pain. That adhesion slightly constricts the appendix at the base or the middle or some part of the appendix after the first initial pain of the beginning of constriction. Pain finally ceases because the appendix is dead. You can operate on these cases and you can sew them up without drainage. I believe that the sum total of the discomfort that people have from the mild attacks of so-called appendicitis caused by mechanical irritation of the adhesion in which nature is trying to bury the appendix, and which manifests itself in the form of indigestion, constipation, headache, backache, etc., from time to time far exceeds the discomfort of an operation which will do away with it forever.

MODERN ADVANCES IN X-RAY DIAGNOSIS*

By C. Winfield Perkins, M. D., New York City

The importance of Roentgen examination in diagnosis, which has been recognized and practiced in the Continental clinics for many years, is now receiving more attention in the clinics of the United States. Any one who has visited and studied in the large clinics of Paris, Vienna and Berlin, and who has seen the methods and technic of the average European X-Ray department, would immediately appreciate that the diagnosis is more often made with the fluoroscopic screen than with the plate. The same can also be said of Dr. Carmen at the Mayo Clinic and Dr. Case at the Battle Creek Sanitarium in America. The making of x-ray plates is of minor importance in the average European Roentgen department. Various reasons produce this condition. In the first place, these clinics have many patients for Roentgen examinations; in the second place, their efficient system of diagnosis demands an x-ray examination more frequently than in America. Therefore, under the circumstances, it would be a difficult problem to take a series of x-ray plates of the individual patient; besides, the expense is an important item to be considered. As a result, the development of fluoroscopic screen diagnosis has approached, in those clinics, a more definite science. In America more often the examinations have been made with the plate instead of the fluoroscopic screen. It is generally well known that the first work in fluoroscopy was developed in America by Drs. Williams and Cannon of Boston, Dr. Cannon at the time

*Read before the S. and G. Society, A. I. H., 1915.

principally conducting the experiments on the gastro-intestinal tract of dogs. These experiments were made with bismuth solutions in order to find out the patency of the duodenum, after a gastro-enterostomy. The unfortunate experiences of many of the early investigators in fluoroscopy, gave a decided check to the development of screen examination, until proper protection against the x-ray was developed. Properly protected instruments for fluoroscopic work can now be purchased. It may be impossible to secure absolute protection, but for practical purposes, protection is available.

Relative to the value of x-ray plate study and screen examination, every one acknowledged that for diagnosis of fractures, localization of calculi, foreign bodies, etc., plate making is more accurate, besides giving very often a necessary record of the case, and I believe this should be done in all circumstances. Plate making is often necessary to be done in the study of diseases of the chest, and desirable in comparison with other clinical data, but in the study of the alimentary tract, esophagus, stomach and intestines, unquestionably fluoroscopic screen examination is the ideal method. The plate furnishes a representation of the condition momentarily present, and the position; but of more importance, the screen furnishes needed clinical findings such as mobility, motility and conditions relating to function which the plate cannot interpret, or only with difficulty, and at great expense. When one has observed with a fluoroscopic screen the descent of a barium or bismuth solution through the whole alimentary tract, from the mouth to the anus, and visualized the normal or pathologic morphologic peristalsis, the motility, mobility, defective filling, stricture or patency of a pathological process, and many other conditions, normal or abnormal,—after witnessing such examination on hundreds of patients, there would seem to be hardly an argument for any other examination or method to be used on the gastro-intestinal tract. Such a method is truly fascinating and interesting in the field of internal diagnosis, aside from its enormous practical value from a surgical or medical standpoint. Having personally had a large experience in all kinds of radiological examinations throughout the Continental clinics, I am convinced that with the exception of gall-stones and duodenal ulcer, on only a few instances have the plates added new clinical data to the fluoroscopic finding. A good demonstration of this method is watching the barium meal pass through the ring of a gastro-enterostomy. After such examination, it would be rather

difficult to conceive that any other method of examination was necessary to prove that the surgeon's technic was successful. One of the most important advantages of fluoroscopic technic is the possibility of guided palpation under the fluorescent screen. The patient can be moved and turned from one position to another, and the organs observed from various angles under pressure of palpation, which may be done with a gloved hand, or better, with some form of mechanical palpation. This palpator affords better protection than the leaded glove. Palpation with the bare hand or leather gloved hand cannot be too strongly condemned. Among the principal purposes of palpation are the determination of mobility, the relation of various shadows, identification of pain points, adhesions and displacements of various viscera, such as stomach, intestines or colon; different loops of bowels can easily be separated, the patency of the cardiac and pyloric valve can be studied in great detail; stasis in the cecum and colon, relative to malignant or non-malignant changes, also the appendix, may be studied in detail, according to the above method. All these pathological changes can be observed in their various phases, both by the patient standing or recumbent. Only the persons who have studied and fully examined the bismuth filled stomach or intestines under the fluorescent screen, can fully appreciate the value and satisfaction of this method of diagnosis, but adequate protection must be assured from every standpoint before one attempts this type of work. I hope no one will infer from this paper that Roentgenoscopic work is free from danger, but I do contend it is comparatively harmless when the problem is approached in a practical and intelligent manner to secure protection against 2 to 5 ma. of current, which amount is always sufficient for screen work. Where a larger amount is used, such as 40 to 50 ma., or even more, protection must be proportionately secure. There seems to be an exaggerated idea that there are grave dangers connected with x-ray diagnostic methods. Since sufficient protection has been developed, there has not been any one afflicted with the unfortunate results of the early pioneers in x-ray work, for example, men who unduly and indiscriminately exposed themselves and who did not know the dangerous qualities of x-ray radiation. A force for good is very frequently a force for ill when improperly handled. The time is practically at hand when a complete x-ray examination will be as necessary on a history chart as a physical or chemical examination of patient. One only has to watch the fundamental thoroughness of a Continental clinic to

appreciate this viewpoint. Furthermore, from personal observation, I have noticed that in the large clinics throughout the world the Roentgen ray in surgical diagnosis has replaced almost exclusively the necessity of an exploratory incision, gynecological conditions excepted.[1]

A prophecy by a noted Roentgenologist. In speaking of x-ray examinations, Dr. James T. Case, who is internationally recognized as an expert x-ray diagnostician, says: "A diagnosis is the desideratum, and to arrive at a correct diagnosis we should take advantage of every available means, especially this new diagnostic agent of such promise. Plates would then be made less frequently. The fluoroscopic observation by the trained eye will bear more weight in contributing to a diagnosis. Less dependence will be placed on the photographic record of static conditions, and more on the written record made at the time of observation under the most favorable circumstances, for visualized palpation and manipulation is impossible by any other method. Fewer plates will be demanded, less time consumed in a purely mechanical and laborious study of Roentgenality and more time left to develop the finer points of diagnosis." [2]

234 Central Park, New York City.

The Burden of Contraception—In a recent issue of the *Medical Times* we called attention to the fact that the burden of contraception falls almost wholly upon women. We said that they are douched, aborted and in various other ways subjected to inconvenience and dangers to health and life. We also said that it would be a fine expression of unselfishness if men would take some of this burden off the women's shoulders (pelves?) by submitting to occlusion of the *vas deferens*, in cases in which contraception is indicated. Doubt was expressed whether any men had ever taken this initiative. We are happy to state that we have been assured by one of the best informed students of matters of sex in the American profession that he has not only heard of members of the male sex submitting themselves to sterilization for the sole and only purpose of saving their wives from conception, but has seen them so submitting themselves. He has also had a number of men ask him to perform vasectomy on them for this purpose, among them some members of the medical profession. He writes: "Not all men are brutes, and there are quite a few members of the male sex who are chivalrous enough to wish to take the burden from the women's shoulders and place it on their own."—*Medical Times, March, 1916.*

---

1 Von Eiselberg, Mayo, Beelere.
2 The Modern Hospital.

THE CAUSE AND TREATMENT OF PRURITUS ANI, VULVAE, AND SCROTI: SOME TYPICAL CASES*

By Orlando R. Von Bonnewitz, Ph. C., M. D. Prof. Rectal Surgery and Chief of Rectal Clinic, N. Y. H. M. C. and Flower Hospital, New York City

True pruritus ani always has the thickened skin about the anus, either in deep wrinkles, or leathery and soggy white. Occasionally we find a case in which the hair follicle has not been destroyed, but usually the parts are quite bald, and the integument is in cracks and fissures. Besides these symptoms, which are classical ones, in pruritus ani, pruritus vulvae, or scroti, the intense itching is always worse at night. Another thing I have noticed in every severe case: the mucous membrane is found in folds in the ampulla of the rectum, as revealed by the proctoscope, and does not balloon as in a case where pruritus is not present.

In 1910 I presented a paper before the State Society meeting at Rochester, N. Y., outlining my treatment, and presenting some cases cured. Since then I have treated nearly 200 cases with ninety per cent cures, some of which I present today for your consideration.

Many proctologists have recorded the fact that every case of pruritus examined presented a chronic proctitis. The severity of the proctitis denoted the severity of the itching.

Proctitis begins its work of destruction very early in life, and I believe with Jacobi and others that the wearing of soiled diapers in babyhood, until fermentation has converted a harmless stool into an active irritant, marks the beginning of proctitis, and the direct cause of more diseases of the rectum in later life than we are willing to believe. All of you have seen the baby with the sore buttocks, and told the mother to dust it with talcum. By doing this you are at least morally negligent.

Now, in later life, let us see just what takes place. We have a chronic proctitis secreting an ichorous mucus; this caustic discharge passes through the mucous membrane, dissolving the connective tissue which binds the mucosa to the muscular wall, and the membrane falls away from the wall, much as wall paper falls away from the wall by excessive dampness. This accounts for the mucous membrane appearing in folds.

*Abstract of paper read before the S. and G. Society, Chicago, June 29, 1915. Published in *The Medical Times*, Dec., 1915.

This acrid fluid collects in quantity as it passes downward, gathering volume as it goes, producing the channels we always find. When it reaches the constricted portion of the rectum, the sphincters, it is diverted in two ways. If it goes over the muscles it produces the deep rugae and sulci, so often present, or if diverted behind the sphincters it *burrows;* if toward the scrotum, that part will itch; if it invades the labia or goes backward through the posterior space, then they will itch and crack open.

When the irritating mucus goes over the sphincter muscles and forms the tags and bags about the anus, the muscles cannot contract enough to prevent leakage, although to the examining finger the anus seems, and really is, very tight, but the wrinkles allow the mucus to escape, and anywhere it touches it irritates the integument and produces intense itching.

But this is not the only thing which happens, as in cases when the inflammatory product is diverted in its course. Then the anus remains tight, but the discharge burrows around the anus in the fatty tissues, and may go in any direction. This can be demonstrated by the patient scratching the part and producing this same irritating fluid, entirely away from the anus. I believe this comes directly through the skin.

If proctitis is the cause, then the proctitis must be cured. I cure the proctitis by irrigating with very hot water, with an apparatus which enables me to use four gallons of water, thus taking advantage of the secondary action of hot water. The use of this irrigator once daily will gradually cure the chronic inflammation and diminish the amount of acrid mucus.

But this is not sufficient to relieve your patient; the old channels remain and must be irrigated by surgical means.

The proper treatment is to open, drain and obliterate. You here experience the first difficulty, the absence of reliable surface indications, for the initial incision, the object being to find as many channels from one incision as possible. In this, as in any other work, experience counts for much, as I am now able to cure cases with much fewer outside openings, than when I began this work. In some cases the color of the integument will guide you, in others, a pimple, or sometimes the sinus is superficial enough to be detected by the finger. After the parts are prepared, as in any surgical operation, by means of a small syringe, fitted with a long hypodermic needle, inject, first, into the integument, then from this point into the deeper tissues, until the entire line of your incision has been anesthetized. Any local

anesthetic will do, although I prefer beta-eucain one-eighth of one per cent.

The incision is made about two inches in length, depending upon the location, and carried down from an inch to two inches, keeping the bottom of the cut as long as the top. The opening is made, not at one cut, but by degrees, taking care of the hemorrhage in the usual manner, by ligating any large vessels encountered. Searching as you go, you will recognize the sinus by the color, being a deep mahogany, and the tissues very rotten. You can now trace out the channels, and irrigate with some alkaline solution. You will be amazed at the quantity you can inject. I have frequently injected a pint. Where it all goes, I am not able to say. The healing up or obliterating of these channels is easy, as they have a tendency to heal kindly, and with care do not become pustular, quite different from fistulæ.

Being able to inject so much water, with no return, suggested the use of bismuth solution, and then taking radiographs of the pelvis; this was done in some nine cases.

A lady from Meriden, Conn., who had passed nine months in a noted sanitarium without relief; a confirmed invalid from headaches. Migraine was the invariable diagnosis, and she was sent home and given a hypodermic syringe and morphin to use, as nothing would control the pain but repeated injections.

Upon examination, I found the signs of channels, with a severe coloproctitis. The long diseased mucosa had broken loose from the muscular wall and would invaginate at each effort to stool. An opening was made at the side of the anus, and a channel found extending twelve inches up beside the rectum; this was widened, irrigated and healed nicely. Later another opening was made in the opposite side, but this channel was only four inches long. The peculiar feature of this case was that there was only slight itching until several days after the operation, when the itching commenced and was very severe for one week, then disappeared permanently. There have been no headaches, and the patient has gained thirty pounds in the last nine months.

Mr. A. S. R. (Referred by Dr. Hamlin of N. Y.), aet. 45, bookkeeper, family history revealed nothing unusual, specific history denied, has suffered with fair amount of itching for 10 years, which has gradually increased in severity the past three years. Is able to work only part of the time, but the itching is so intense he must sit in hot water more than half of the night; has lost 30 lbs. in weight. On examination, the skin about the anus for a distance of five inches was denuded and bloody, resembling raw beef. I could make out three channel openings, without operation; so they were irrigated and the raw area was packed with gauze and argyrol solution. After these parts were healed two other channels were opened and healed. This work occupied the time to May 15, 1911, when he started with the irrigator. The

last examination was on June 2, 1915, when the irrigator had been stopped 16 months, and there was no return. This I consider my banner case, and my patient is equally pleased, having gained 43 pounds during this time.

Dr. Wm. Tod Helmuth referred to me, on May 10, 1911, H. A. W., aet. 26.

The examination revealed the prolapsed membrane in deep folds, and the other classical symptoms of pruritus ani, but with an extension to the anterior raphé of the scrotum. The right side of the anus was the most troublesome and it was opened as described above, and healed. The relief was so great he would not have any further work done then, and did not irrigate. On June 4, 1913, there was a return on the left side and anterior raphé. These were treated in like manner, and he was instructed to commence irrigating, and kept it up for five months. Examination on April 1, 1915: There had been no return and the proctitis had entirely subsided.

Dr. Seward referred to me, on May 3, 1909, an Italian prince, aet. 50, with the usual history of itching, but in this case there was passage of blood at stool. Examination revealed a fissure in the posterior commissure. This was thought to be the cause of the itching and discharge as the typical leathery, soggy-white skin was not marked. Operating for the fissure relieved the pain and blood, but the itching continued. Operation for this and irrigation cured the case one year afterwards. There has been no return.

Another interesting case was sent to me by Dr. E. G. Tuttle, of New York. Mr. R. S., aet. 27, coal merchant, and a man of extraordinary exemplary habits; has complained of severe itching of anus for 1½ years, not as severe as the preceding cases, but quite annoying at night. This was a typical case of early pruritus and operative measures with irrigating have cleared it all up.

In over 200 cases I have seen, there were 30% physicians, 18% were dentists, and nearly all were what might be called the "highbrow" class. Remember we are discussing true pruritus ani. I see many cases of itching, due to other causes, but true pruritus occurs more often in men than in women, and not at all in children.

Broadway at 70th St.

On Finding the Remedy—In actual practice the mental phase, as pointed out by Hahnemann, easily overshadows all the others. In making comparisons every bit of knowledge comes into play, chemical, botanical and symptomatic; nothing can be overlooked with safety. If, for instance, we find the desired symptom under a drug one of whose constituents is hydrocyanic acid, then the whole prussic acid group comes up for comparison and we may perhaps even be compelled to piece out an imperfect pathogenesis with data from a fuller one; but the final decision in the choice will almost surely rest upon the relative general aspects combined with the mental phases presented.—*Boger Homœo. Recorder, Feb., '16.*

PUERPERAL ECLAMPSIA*

Discussion of Dr. Mills' Paper

Dr. Cogswell, Sr.: The Doctor does not give any antepartum treatment. What were you doing all of those months?

Dr. Gilbert FitzPatrick: I would like to express my thorough appreciation of Dr. Mills' very lucid description of his cases. It is a rare thing to have a man tell you everything as honestly as though you had seen it done.

I believe Cesarean section does offer us an opportunity for lower mortality rate in eclampsia. Dr. Mills said it was easier than high forceps. I think it is easier if the doctor understands his anatomy and has some conception of abdominal work. High forceps is recognized as a major operation, and it requires knowledge and skill in manipulation to prevent serious damage to the patient. Outside of the dangers of high forceps, we know that the mortality in eclampsia is approximately 35% to the fetus. Cesarean section does offer a better opportunity to get a live child than does the method of delivery by forceps.

The exact treatment of eclampsia undoubtedly is preventive treatment. The great advance made in all branches of medicine is not so much in curative as in the preventive line. In the last twenty-five years scientific practice has shown the best results in prevention. I know, on the other hand, that many cases are not seen until they are in convulsions and have been in labor for several hours.

In the treatment of this condition I believe that the point to keep in mind is the removal of the cause. That is a debatable question, of course, but personally I am convinced, as the result of my own experience, and my reading, that removal of the cause as early as the proper facilities can be obtained is the best line of treatment in these cases.

Dr. G. A. Huntoon, Des Moines: The essayist says that most authorities agree that the womb should be emptied immediately. In the Vienna clinic, where the matter has been worked out quite thoroughly, it has been found that the mortality to the mother and child is not increased if the delivery is delayed for twelve hours. That is, of course, contrary to the general belief. I believe that the important factor in regard to treatment is that we should deliver the child, making the delivery in the very easiest way possible, the way which will give the least shock to the mother. If we can do this with high forceps, if the measurements are sufficient, well and good; if not, and the conditions are right, then a Cesarean section should be made. In any event, the delivery should be made with the least possible shock to the mother.

Dr. J. W. Cogswell, Jr.: Dr. Mills mentioned danger of poisoning the baby by allowing it to nurse an eclamptic mother. I believe that this condition is always present, and the general rule should be laid down that no child should be allowed to nurse an eclamptic mother

*Puerperal Eclampsia. E. P. Mills. *Jour. Amer. Inst. Homoeo.* March, 1916.

until the condition of toxemia has been entirely cleared up. Where the mother recovers from an eclamptic attack a degree of toxemia always remains. The child should not be allowed to nurse the mother until this condition has been cleared up.

Dr. FitzPatrick: I should like to add that where that condition exists, the breast should be pumped thoroughly every eight hours at the least until that condition does clear up. I remember one particular instance which occurred several years ago. In that case the baby had been put to the breast, and had convulsions in twenty minutes. It was taken away from the breast, but could not be resuscitated. This case was related to me by a Chicago man.

Dr. J. W. Cogswell, Jr.: From Johns Hopkins clinic comes our best research work as to the recurrence of eclampsia. They claim that there are two varieties of eclampsia, organic and functional, the dividing line being blood pressure. Cases presenting high blood pressure previous to and during the attacks of convulsions, the blood pressure slowly lowering following the attack, are liable to recurrence. Cases presenting the average blood pressure, below 160, prior to the attack, and assuming a lowered pressure following, are not likely to have recurrence.

Dr. Cogswell, Sr.: I have had a good many cases of eclampsia, more perhaps than the doctor who read the paper. I have yet to lose a case, but I take the precaution to give the patient antepartum treatment, and watch her extremely closely. I never attempt to make a delivery prior to the normal stage. When you have conditions of high blood pressure, there is a remedy, but if you give toxic doses you are going to do harm to the patient.

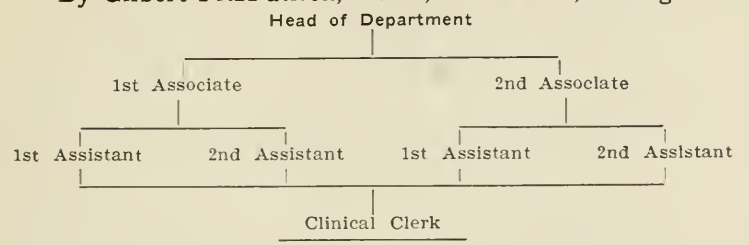
Dr. Mills (closing the discussion): In regard to the question of preliminary treatment, I may say that there was only one case that I saw for longer than twenty-four hours prior to delivery. In most of the cases I was called only at the time of delivery, without ever seeing the patient beforehand.

Relating to the test for solids in these particular cases, I had only the nurse's report. The tests were largely routine hospital examinations. In my own work I do make the test for solids, as I believe that is an important condition, as much so as albumin.

The Proper Use of Drugs. Mercury produces symptoms resembling those of secondary syphilis; pains in the periosteum, aggravated at night, similar skin lesions, inflammations of the lymphatic nodes, etc. That mercury does not attack the flat bones nor produce iritis as does syphilis is no argument against its homœopathicity. Iritis is not a constant symptom of syphilis and the flat bones are only affected in the so-called tertiary stage in which mercury does little or no good. Some other drugs like aurum, nitric acid, etc., will accomplish more at this time. The symptoms must decide the choice.—*Coleman, Medical Times*, April, 1916.

OBSTETRIC SCHEDULE*

By Gilbert FitzPatrick, M. D., F. A. C. S., Chicago



Subjects of Instruction and Review

Subclass Senior Conference Courses, 4 to 6 students

Schedule of Ante-Partum and Post-Partum Clinics and Ward Walks

Day	Hour	Instructor	1st Semester Oct. Nov. Dec. Jan.	2nd Semester Feb. Mar. Apr. May	Subjects of Instruction and Review
Monday	4-5	Cobb	1 2 3 4		Aseptic technic. Care of newborn. Asphyxia. Ophthalmia neonatorum. Sudden death. Collapse of mother. Infant feeding.
Monday	4-5	Cobb		1 2 3 4	Pelvimetry. Deformed pelvis.
Tuesday	2-4	Fitz-Patrick or Greene	2 3 4 1		Diagnosis. Position, period, etc. Infections, Mastitis, Phlebitis, etc.
Tuesday	2-4	Fitz-Patrick or Greene		2 3 4 1	Craniotomy, Pubiotomy, Episiotomy, Cesarean Section, Rupture of Uterus, etc.
Wednesday	4-5	Wood	3 4 1 2		Laboratory findings: Urine, Blood, Secretions, etc. Toxemia, Pregnancy, Insanity, etc.
Wednesday	4-5	Wood		3 4 1 2	Version: Indications, Method. Braxton Hicks. Breech Aftercoming Head, Prolapsed Cord, etc.
Thursday	4-5	Manning	4 1 2 3		Forceps: Low, High, Applied to Posterior Occiput Face, Brow, Deep Transverse, Arrest, etc.
Thursday	4-5	Manning		4 1 2 3	Interruption of Pregnancy, Abortion, etc. Premature Delivery. Abruptio Placenta, Ante- and Post-Partum Hemorrhage.
Friday	2-4	Fitz-Patrick or Greene	Post Graduate Class		

*To accompany "Clinical Obstetric Teaching," page 1290, Jour. Amer. Inst. Homeo., May, 1916.

HOURS AND EQUIPMENT

Didactic	120 hours
Conference, manikin, etc.	30 "
Antepartum and ward walks	30 "
Labor	Extra.

Specially Equipped Room.

Containing, charts, manikins, books, specimens, black-board, instruments, etc., for conference course (sub class) instruction.

ANTEPARTUM

Physical Examination
Noting general condition of patient, Examination, Urine, Blood, Vaginal Secretion, Blood Pressure, etc.

Abdominal Palpation

Noting position, Height of fundus, Probable period, Fetal heart tones, etc.

Pelvimetry

Spines, Crests, Ext. Conj., R and L Oblique, Michaelis Rhomboid, Posterior Spines, Inter-Ischiatic and Diag. Conj.

Management of Pregnancy

Diet, Remedies, Exercise, Clothing, Bowels, Kidneys, Bathing, etc.

LABOR

Diagnose True and False Labor.
Diagnose Position and Presentation.
Mechanism.
Management and Recognition.
1st, 2nd, 3rd, Stage.
Anesthetics in Labor
Perineum
Episiotomy } Repair
Protection }
Delivery
Baby—Induction respiration, Care of Eyes, Cord, Examination, Weigh and measures.
Placenta—Examination, Weight, etc.

PUERPERIUM

Daily Ward Walks

Noting—

Pulse, Temperature, Respiration, Expression, Tongue, Breasts, Abdomen, Fundus, Vulva, Lochia.

Bed Side Notes
Diet, Fluid taken, Defecation, Sleep, etc.

Exercises—(Illustrated)

Final Examination—

Involution, Position uterus, Condition Perineum, etc.

BABY

Daily Visit to Nursery
Nursing, Weight, Eyes, Cord, Bowel Movements, Sleep, Bathing, Temperature, Skin, etc.

COFFEA CRUDA AND CAFFEIN*

Alimentary Phenomena of a Trial Proving on Healthy Human Subjects

By Edwin Lightner Nesbit, M. D., Bryn Mawr, Pa.

The ultimate purpose of any drug study is to ascertain its probable usefulness as a therapeutic agent. To all practical purposes a medicinal substance that is not inert is a protoplasmic poison.[1] Therefore, before any drug-symptom should be considered trustworthy for application at the bedside, it should have been subjected to a triplicate preparatory process of experimental testing and refining. This work may be conveniently divided into three phases, viz.:—Experimental Proving (Pharmacology and Pharmacodynamics); Composite Materia Medica; Systematic Therapeutics. The first stage is the most important—because it underlies both the others. But before this raw material can serve any practical purpose, it must be compiled and condensed by the materia medicist, and arranged by the therapeutist in such a way that the symptom-similarities between it and the syndromes of various clinical diseases will be apparent, in whole or in part, at a glance.

The big work accomplished by Bellows and his associates a few years ago was lacking in application "at the bed-side" only because it stopped too soon. Without the two following steps in the technic, the work of Hahnemann, or Hering, or Hughes would have been equally incomplete.

The preliminary and detailed technical work necessary to devise and perfect a complete experimental system is apt to be irksome and uninteresting to the practitioner who cares only for results. But, like the pastry-cook who has no interest in how his flour was grown and milled so long as his cake "gets by" the purchaser, this type of medical mechanic is likely to get results sooner or later that will leave an unsatisfactory taste in the mouth. From soil to body-cell every particle of nutriment in a grain of wheat must undergo an orderly succession of preparatory changes. But wheat is a protoplasmic food. From farm to mill, from mill to kitchen, from kitchen to stomach, the vicissitudes it encounters are comparatively simple and obvious. But, between the soil and the ripened grain and from the stomach to its final destination, its course is less apparent. Its practical value can only be ascer-

*Read at the Bureau of Clinical Research, A. I. H., 1915.

tained from the results in tissue and function which are evidenced by the objective and subjective signs, or symptoms. The grosser objective effects we can measure by instruments of mechanical precision; but, the finer cellular reactions we can only infer from the more subtle subjective symptoms.

This paper is designed to treat but one phase of the entire proving, the alimentary phenomena, from the standpoint of a composite pathogenesis of the entire study. It is illustrated by a single plate representing a specimen page of a standard record of the provings. Upon it has been compiled and condensed all of the alimentary symptoms of the eight drug-subjects and three control-subjects, with the determining factors concerned and the dietary tests applied. The second feature of the demonstration consists of a series of eight tables to represent in condensed form by the statistical method of averages the quantitative effect of the drug upon the several objective phenomena observed from the study considered *in toto*.

In order to try out this technic for the most immaterial potencies, as well as for the more substantial preparations, these eight drug-subjects represent seven different strengths of coffea cruda and three of caffein in alkaloidal form. It was thus possible to simplify subsequent calculations by fixing the total dosage for each prover at 300 drops, in advance of the actual proving. However, it must be apparent that in introducing these several different potencies into the series, we designedly sacrificed a better *quantitative showing* to a greater *delicacy* in testing the technic. A more "active" drug than coffea cruda, and in stronger preparations and larger dosage would probably have made these effects more noteworthy.

Again, by the graphic representation here employed it was possible (1) to condense 86 detailed symptoms from all the provers to 21, systematized and graded according to their progressive intensity. This was done without arbitrarily deleting a single "original" symptom, which perchance this particular compiler might consider insignificant. (For we feel that it is not within the province of any materia medicist to omit from a standard pathogenesis any authentic symptom that actually appeared upon the original Day Sheets.) Then, (2) by this arrangement alone the possible therapeutic significance of any single symptom, whether it be common or peculiar, is made to stand out in its numerous relationships to other isolated symptoms or to the pathogenesis as a whole. At the same time by running the eye

to the top of any given day-column the strength and dosage of the drug which was responsible for any single symptom or symptom-complex is apparent at a glance to any therapeutist who would consult the original provings. This should give him a clue to the medicinal dosage which would probably be most effective for a similar clinical syndrome. While thus we avoid the countless repetitions of the same symptoms, as in the older presentations, their fluctuations and intensity are represented day after day by figures in the day-blocks. (3) By arrangement from top to bottom of the page the progressive intensity of the drug's effect, coincident with the increase in dosage, is conveyed to the mind, qualitatively and quantitatively, by one sweep of the eye across the page. By thumbing over but a few pages of the composite pathogeneses of a few likely drugs, the therapeutist could very readily get a first impression of the peculiar applicability of any one drug, and the corresponding similarity of effect upon any particular physiological system of that drug and the particular disease under consideration. By a further process of elimination of irrelevant and detailed symptoms, any two, three, or four of which may indicate merely degree of intensity of the same symptoms, he might arrive quickly and quite accurately at the point of making a scientific application of the drug to the disease. (4) The pathogenic significance of any particular symptom is further heightened by the use of LARGE and small type for recording them. Every bold faced symptom observed in the drug-subjects, and possibly due to the drug alone, is followed on the next parallel line below by the symptom or symptoms most nearly synonymous in descriptive meaning which certainly were not due to the drug. This presentation can be further condensed when we agree upon *a standard symptom nomenclature* for Experimental Pathogenesy, with a few exact and scientific equivalents to accommodate the personal equation in provers. After all there is as much reason for a standardized nomenclature of Pathogenesy as for Anatomy or Pathology, etc. These blank-symptoms are indicated in the day-blocks by a single sign (*) in contradistinction to figures for the drug-symptoms. We feel that not the least value of this graphic presentation of the pathogeneses lies in the fact that symptoms of questionable merit are automatically (not arbitrarily) *eliminated by their arrangement* from serious consideration for therapeutic purposes.

Incidentally it may be noted that, in this instance, the symptoms distinctively probable as drug effects were pre-eminently

of a *subjective* character. Those marked with an asterisk (*) were more *objective* in type. We see that they appeared early in the study involving the alimentary tract increasingly from beginning toward the end, from a functional viewpoint. They seemed to express the reactivity of the cells by sensory symptoms of a subjective significance quite apparently before the objective signs showed themselves from the mucous membranes. A subsequent series might or might not bear out this observation, but it is at least in line with an a priori working-rule stated in the original paper (1) viz:—*"for therapeutic indications* it is not necessary, nor indeed helpful, to 'push' it (the human proving) to the point of danger."

At the same time we note that several of the relatively later and "grosser" symptoms were predominantly * symptoms; i. e., presumably due to causes more or less physiological and common to all subjects—certainly not *"pure"* drug-symptoms. Thus: —"Constipation, noted particularly after noon," was *most pronounced* after taking the drug, even though it exhibited no great constancy in its recurrence. This gives point to the necessity for having the Determining Factors, explained in the earlier paper, (1) always before us on the materia medica pages. Apart from the fact that such two-type symptoms as eructations, flatus, diarrhea, and constipation may be sufficiently accounted for by the Dietary Sheets alone, it is not unreasonable to suppose that this contrast would be more marked from drugs more "active" than coffea crūda in the strengths here used. On the other hand, while it may be reasonable to suppose that these so-called physiological symptoms would always be accentuated or suppressed by the experimental drug, it will not do to take this as granted. We must "be shown" by the recorded evidence. All of which is said only to show how easily symptoms of questionable origin may creep into our Pathogenesy and be finally and eternally (?) incorporated in our text books of materia medica.

A complete understanding of *how* drugs act, either experimentally or medicinally, upon the-living-animal-cell-in-situ awaits a distant day. How distant we can only surmise from what we do not know as yet about the autonomic nervous system or the great field of internal secretions. At the present state of our progress, about the best we can hope to do is to experimentally "try (drugs) and see." Technically, as well as ethically, it would seem preferable to use healthy rather than diseased subjects for these studies, whether the subjects be animal or human.

By this unfinished technic and with substances so comparatively "inert" as coffea cruda and caffein in the strengths and quantities here used, it would appear that *symptoms were produced by the drug* on the alimentary system. The perfection of any working technic is merely a matter of continued study and repeated practice.

In conclusion, several tables are herewith submitted to show the possible quantitative effect of this drug objectively. These phenomena can only be employed to check up further, or lend a moral support to the subjective symptoms discussed above. In this particular instance they can serve only *to illustrate the technic*, for it has been assumed that all provers were alike in this study and every man had the same strength and dosage of the drug, which, of course, was not the case, for reasons given above and elsewhere.[1]

WEIGHT. TABLE I.

Subject. Action	Normal. Pounds	Drug Period. +	Drug Period. —	Control Period. +	Control Period. —
No. 8 Blank	129	.016		.016	
No. 11 "	143	.014		.007	
No. 3 "	155	.013		.007	
Average	**142**	**.014**		**.010**	
1x Coffea c.	157		.006		.012
2x Caffein	158	.019		.025	
2x' "	146	no change		no change	
6x Coffea c.	125	.008		.024	
10x "	166	no change		.006	
12x Caffein	142	.007		no change	
30x Coffea c.	163	.006		no change	
200x "	130	.031		.047	
Average	**150**	**.011**		**.018**	
Difference			.003	.008	
DRUG ACTION				**.005 acceleration**	

SOLIDS. TABLE II.

Subject. Action	Normal. Calories	Drug Period. +	Drug Period. —	Control Period. +	Control Period. —
No. 8 Blank	2662		.070		.041
No. 11 "	2843	.021		.021	
No. 3 "	3052		.101		.102
Average	**2852**		**.030**		**.041**
1x Coffea c.	3203		.025		.193
2x Caffein	3075		.066		.019
2x "	3110		.039		.098
6x Coffea c.	2689		.302		.184
10x "	2141	.063		.064	
12x Caffein	2817		.051		.149
30x Coffea c.	3078	.041			.207
200x "	3061	.032			.003
Average	**2897**		**.043**		**.110**
Difference			.013		.069
DRUG ACTION					**.082 depression**

LIQUIDS. TABLE III.

Subject. Action	Normal. cc	Drug Period. +	Drug Period. —	Control Period. +	Control Period. —
No. 8 Blank	1287		.187		.155
No. 11 "	1963		.108		.086
No. 3 "	1619		.039		.088
Average	**1623**		**.111**		**.110**
1x Coffea c.	1360	.626		.075	
2x Caffein	2644		.015		.014
2x' "	1330		.016		.072
6x Coffea c.	865	.139		.069	
10x "	1158	.123		.111	
12x Caffein	1496	.917			.138
30x Coffea c.	2100		.142		.328
200x "	2408	.264		.225	
Average	**1670**	**.237**			**.009**
Difference		.348			.101
DRUG ACTION					**.247 acceleration**

Specimen Sheet

SUMMARY SHEET

MATERIA MEDICA

SUBJECT ALIMENTARY SYMPTOMATOLOGY. (Composite of 8 Drug-Subjects · 3 Controls)

DRUG: Cocka crude and Caffein gtt.

Date March, 1912

	a	b	c
THERMOMETRIC mean	29	45	41
BAROMETRIC mean	3019	2994	2986
RESPIRATIONS mean	18	18	18
TEMPERATURE mean	98 3	98 1	98 1
PULSE RATE mean	80	78	79
SYSTOLIC mean	108	109	110
DIASTOLIC mean	62	79	79
BODY WEIGHT mean	147	148	148
INGESTA CALORIES mean	2505	2754	2607
EXCRETA mean	1 2	1 1	1 2
LIQUIDS mean	1657	1875	1900
URINE mean	1414	1727	1115
SLEEP	7 4	7 4	7 5

	a										b										c									
	1	2	3	4	5	6	7	8	9	10	3	8	9	12	30	36	42	48	54	60	21	22	23	24	25	26	27	28	29	30
											11	12	13	14	15	18	17	35	19	20										
DRYNESS LIPS—ESP A M 30x														*																
Dryness lips—esp a m No 8 No 11			*		*	*																								
CRACKING LIPS—ESP A M 30x																								1					1	
Cracking lips—esp a m No 8 No 11				*	*						*																			
Herpes lips No 8				*																										
Herpes nose No 8																												*		
SWEETISH TASTE + —ESP P M 1x																		1												
BITTERNESS MOUTH (after drug) 1x												1																		
BITTERNESS MOUTH 2x caf					*	*		*						1	1	1								1						
"PUCKERING" MOUTH 1x																1														
"DRYNESS" MOUTH 1x 30x 2x caf														1	1	3	1				1								1	
"SKUM" INSIDE MOUTH 1x																3		1											3	1
COATED TONGUE—ESP P M 1x 30x															1	2	1	1		1	1	1	1	1		1	1	2		
"SORENESS" GUMS—ESP A M 1x																2	1							1	1	1	2			
FOULNESS OF BREATH 1x															1															
ERUCTATIONS—TASTELESS—ESP P M 1x															1	1		1	1						1	1	2	2		
Eructations tasteless—esp p m No 11	*	*	*								*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Eructations burning No 11															*															
Eructations sour—esp p m No 8 No 11											*	*			*									*						
ERUCTATIONS—FOOD—ESP A M 12x caf																		1		1	1	1	1				1	1		
Eructations—food—esp a m No 11			*									*		*										*						
NAUSEA—ESP A M 1x 2x caf															1	1	1				2						1			1
Nausea—esp a m No 3		*							*						*	*	*				*									
RUMBLING IN STOMACH 1x																					1									
FLATULENCY—ODORLESS—ESP P M 1x 10x 30x 200x											1							1	1		2	1		1	2	1				
Flatulency—odorless—esp p m No 11		*		*	*	*									*						*	*					*			
Flatulency—offensive No 8																											*			
URGING TO DEFECATE 2x caf																1														
DIARRHEA—FOUL—ESP A M 1x 10x 30x 200x 2x caf 12x caf											1						2	1		1	2			1	1		2	1	2	2	1
Diarrhea, foul, esp a m No 3 No 8 No 11	*	*	*	*	*	*	*	*	*			*				*						*						*	*	
CONSTIPATION ESP P M 1x 2x caf																1	1	2	2	1		1		2		1	1		2	1
Constipation esp p m No 8 No 11	*	*			*		*				*	*	*	*	*	*	*	*	*	*	*	*		*						*
TENESMUS WITH STOOL ESP P M 1x 30x 2x caf 12x caf											1						1												1	1
Tenesmus with stool, esp p m No 8 No 11			*		*		*				*	*	*	*	*			*	*	*				*						
BLEEDING WITH STOOL 200x												1																		
Saliva — 200x									*																					
DIETARY TESTS																														
INGESTA mean 2575 2754 2607																														
PROTEINS mean 451 423 398																														
FATS mean 1148 1147 1059																														
CARBOS mean 1276 1193 1119																														

URINE. TABLE IV.

Subject.	Normal.	Drug Period.		Control Period.	
Action	cc	+	—	+	—
No. 8 Blank	1072		.068		.143
No. 11 "	1818		.187		.058
No. 3 "	1431		.069		.060
Average	**1440**		**.108**		**.087**
1x Coffea c.	955		.025	.097 (?)	
2x Caffein	2213	.044		.081	
2x′ "	885		.047	.315	
6x Coffea c.	952		.074		.150
10x "	1135		.138	.108	
12x Caffein	1453		.233		.190
30x Coffea c.	1432		.105		.191
200x "	2209	.082		.218	
Average	**1404**		**.062**	**.036**	
Difference		.190		.305	
DRUG ACTION				**.495 acceleration**	

PROTEINS. TABLE V.

Subject.	Normal.	Drug Period.		Control Period.	
Action	Calories	+	—	+	—
No. 8 Blank	469		.025		.194
No. 11 "	453		.024		.017
No. 3 "	465		.109		.129
Average	**462**		**.053**		**.113**
1x Coffea c.	449		.011		.017
2x′ Caffein	510		.067		.108
2x "	416	.057		.013	
6x Coffea c.	402		.256		.206
10x "	348	.026		.049	
12x Caffein	433		.108		.178
30x Coffea c.	472	.015			.224
200x "	486	.047			.014
Average	**440**		**.037**		**.086**
Difference		.016		.027	
DRUG ACTION				**.043 acceleration**	

FATS. TABLE VI.

Subject. Action	Normal. Calories	Drug Period. +	Drug Period. —	Control Period. +	Control Period. —
No. 8 Blank	973	.024		.109	
No. 11 "	1202	.036		.036	
No. 3 "	1224		.055		.062
Average	**1133**	**.002**		**.028**	
1x Coffea c	1111	.079			.143
2x Caffein	1441		.056		.138
2x' "	1423		.174		.241
6x Coffea c	813	.058			.102
10x "	905	.072		.096	
12x Caffein	1144		.056		.101
30x Coffea c	1206		.045		.209
200x "	1261	.062			.025
Average	**1163**		**.008**		**.108**
Difference			.010		.136
DRUG ACTION					**.146 depression**

CARBOHYDRATES. TABLE VII.

Subject. Action	Normal. Calories	Drug Period. +	Drug Period. —	Control Period. +	Control Period. —
No. 8 Blank	1219		.093		.103
No. 11 "	1189	.024		.011	
No. 3 "	1362		.139		.128
Average	**1257**		**.069**		**.073**
1x Coffea c	1643		.099		.234
2x Caffein	1124		.068		.076
2x' "	1271	.079		.024	
6x Coffea c	1474		.512		.231
10x "	887	.069		.037	
12x Caffein	1240		.059		.198
30x Coffea c	1400	.124			.199
200x "	1314		.004	.019	
Average	**1294**		**.059**		**.107**
Difference		.010			.034
DRUG ACTION					**.024 depression**

ACTIVITY. TABLE VIII.

Rank.	Drug.	Weight.	Water.	Urine.	Solids.	Proteins.	Fats.	Carbos.	Max. Effect.
I	2x	2nd.	5th.	2nd.	3rd.	2nd.	1st.	3rd.	late
II	200x	1st.	2nd.	1st.	2nd.	3rd.	6th.	6th.	early
III	10x	6th.	4th.	4th.	1st.	1st.	8th.	7th.	late
IV	12x	4th.	1st.	8th.	6th.	7th.	4th.	2nd.	"
V	6x	3rd.	3rd.	6th.	8th.	8th.	5th.	1st.	early
VI	2x	7th.	7th.	3rd.	4th.	4th.	3rd.	8th.	late
VII	30x	5th.	8th.	7th.	5th.	6th.	2nd.	4th.	"
VIII	1x	8th.	6th.	5th.	7th	5th	7th.	5th.	"

From tables 1, 2, 3, 4, 5, 6, and 7 it would appear that coffea cruda and caffein *increased the proteins* demanded and *decreased the fats and carbohydrates* consumed. Likewise, it will be observed (Table 1) that there was an actual average *gain in weight* of 29 points per thousand throughout the test for the eight drug-subjects, as compared to 24 points per thousand for the three blank-subjects. This would indicate a relative increase in weight of 5 points per thousand in weight attributable to the drug. Apparently, there was a pronounced average *depression in weight* during the drug-period for the drug-subjects, which was followed by a *marked rebound* to and above the average attained by the blank-subjects at a corresponding time and under like conditions. By Table 1, it will also be seen that the increase in weight for the blanks was quite uniform, in proportion to their initial weights; but there was a wider variability among the drug-subjects. All of the latter gained in their weight finally, except No. 1, coffea cruda 1x, the man who was taken off the training table on the 28th day, because of a sudden temperature rise and some other symptoms for which he was put to bed; his solids stopped entirely and his liquids greatly increased.

Table 3 shows that there was an *increase in the liquids* demanded, especially noteworthy during the drug-period; and in spite of the fact that the atmospheric conditions at that time should have favored a decrease in the liquids consumed. It should be noted further that there was litle actual difference (47 cc.) between the drug and the control subjects for the preliminary ten days.

The *urine was increased* 495 points per thousand (Table 4) with a distinct depression for the drug-subjects during the administration of the drug, and a marked rebound in the subsequent ten days; this in the face of a comparatively small increase in the liquids taken.

There was a *decrease in the solid food* consumed of 82 points

per thousand (Table 2) in part due to the fact that 1x coffea cruda exhibited a steady drop during both periods, especially marked by the incident of the 28th day.[1] Here enters again our old friend "personal equation" to invalidate the law of averages for this kind of work.

For *proteins alone* there was *an increase* of 43 points per thousand (Table 5); in which particular there was *a uniform loss* for the control-subjects, by comparison with a loss for but two-in-seven of the drug-subjects. One of these two drug-subjects was 1x coffea cruda, whose solids it will be recalled were stopped entirely for eighteen hours toward the close of the control-period.

For *fats alone* there was apparently *a decrease* of 146 points per thousand; and for *carbohydrates alone a decrease* of 24 points per thousand (Table 7). For both fats and carbohydrates the decrease was not uniform, but was attended by marked fluctuations in four and in three instances, respectively.

When we attempt, finally, to ascertain the *relative activity* of the several drug-strengths here tested, we find little apparent uniformity. We are not entirely surprised at this; for we have elsewhere maintained that "the individuality of each prover makes every pathogenesis unique."[1] By a curious coincidence, however, it appears that the drug-strength that scored the second greatest number of points for general activity in the alimentary sphere was the 200x coffea cruda. It will be interesting to note that the subject who exhibited these effects was the captain of the provers' team. He was one of the two subjects only from whom the maximum effects appeared early in the drug period; and after but the smallest number of drops taken. He alone of all the provers knew the number of drops taken by each man each day, although even he did not know whether they were drugs or blank preparations. In addition to the ordinary routine duties of student life, this man had greater responsibility and more mental and physical activity demanded from him than did the others. With these psychic factors in mind, we might expect him to become more impressionable as the proving progressed.

We should hardly be warranted in concluding from this one series of provings that there is a greater "potency" in the higher dilutions. But we may conclude from this study that only *by determining the exact toxicity of a drug in the original*

provings in some such way may we expect to put this mooted question of dosage upon a reasonable scientific basis.

To sum up this particular phase of the study, it appears: (1) that there was a notable uniformity in the food requirements of these eleven healthy men, even when the appetite alone was used as a quantitative indicator; (2) that these arbitrary food units "ordinary," "large" and "small" are sufficiently exact for the purposes of practical proving; (3) that by this method the effects of relatively inert medicinal substances in sub-minimal dosage can be demonstrated both qualitatively and quantitatively with sufficient exactness to warrant a further perfection of the technic.

[1]*Journal of the American Institute of Homoeopathy*, February, 1915.
[2]*Hahnemannian Monthly*, November, 1910.
[3]Methods in Medicine. By Lewellys F. Barker, M. D., Johns Hopkins University.

Discussion

Dr. Hastings, Chicago: We have had what is practically a re-proving. There are these two things which must be done in the line of drug proving. I had the pleasure of seeing Doctor Nesbit's paper beforehand, and I am very much interested in it. In their enthusiasm the early workers proved a large number of drugs, often without due consideration to the symptoms recorded. They faithfully put everything down and frequently got symptoms which must appeal to any one as being doubtful. We hardly know whether to use them or not, simply because the early provings were not suitably controlled. Doctor Nesbit's method of running all of his provers under controlled conditions, and some provers without ever giving them a drug, will certainly help to eliminate that trouble with our materia medica. Another thing that re-proving will do for us is to amplify some of the symptoms that we have found recorded and in using which we do not know exactly what is meant. Improved knowledge along other lines, chemistry, for instance, makes us wish for more details. Doctor Mitchell brought out yesterday the matter of cloudy urine. Since chemistry has developed, we know that urine is cloudy from different things. It is cloudy from pus, it is cloudy from phosphates or from urates, and other things may be there that would cause the cloudiness. It might be just as well for the symptoms of materia medica to show "phosphates in the urine," as "a cloudiness," but we should have a re-proving on that special point, to determine that matter.

The various forms of expression in some of the provings in the past are another thing which the doctor mentioned. The mere matter of the prover having bad dreams is a fairly reasonable symptom, but to say that the prover dreamed of thieves, for instance, is not so good a symptom because we don't know why he dreamed of thieves. Another prover might have dreamed of murder in the same psychic conditions that are produced by the drug. We have, in our materia medica, a great many symptoms which have only that much value. The graphic

form in which the essayist has presented his work is of value in teaching, and of value in the presentation of a proving. If we go to look anything up from an academic point of view, it is valuable to us to be able to find just how many provers had this symptom and how many had that; how constant it was in the proving. That has been done to some extent in the past, but the graphic method makes it easy of reference and it also suggests a kind of repertory.

Surgical Ionization of Cancer. Out of a total of some three thousand cases of cancer observed by me during the past twenty-two years, including epitheliomas, carcinomas and sarcomas, three hundred and twenty-nine cases have been selected for treatment by the surgical ionization method first described by myself in 1895, and since modified from time to time as depicted in various publications. This method, in essential form at present, consists in the diffusion of the ions of zinc by an effectively strong direct current from zinc needles connected with the positive pole and thrust into the edges of the growth, the circuit being completed by a negative electrode in the center of the large growths or by a negative pad on a distant skin surface in the case of small growths. The method employed in the large growths is therefor bipolar, with both poles within the neoplasm, permitting an intense action, both ionic and thermic, under general anesthesia, and resulting in the reduction of growths of large size to whitish, boiling masses of sterile debris in a few minutes with the healthy surrounding tissues sealed off. Our only subsequent concern, if all diseased tissue has been included in the destruction, is that secondary hemorrhage may not occur from large vessels affected when the mass separates—a danger that must be eliminated at times by preliminary ligation of the vessels.

Small growths are placed under the unipolar method, in which the zinc needle anode alone is inserted in the growth, and in which the radiating ions can be depended on to destroy the growth without heat. This method requires local anesthesia only.

The results of this work in the 329 cases have been carefully ascertained by a follow-up system, and show that 147 cases of the 329, or 44 per cent, were freed from the disease and remained free at the end of periods of time since treatment varying from eighteen years to six months, 111 having passed the three year period. Fourteen patients succumbed to secondary hemorrhage as a result of the operation, a mortality of a little over 4 per cent, mostly occurring in serious growths of the neck or tonsillar region.

Analyzing these 329 cases from the point of view of their condition at the time of operation, 119 were classed as surgically operable with 105 successes, or 88.2 per cent. Two hundred and ten were classed as inoperable, mostly desperate cases recurrent after knife operations, with 42 successes, or 20 per cent.—*Massey, Med. Times, March, 1916.*

THE JOURNAL

OF THE

American Institute of Homœopathy

SARAH M. HOBSON, Ph. B., M. D. . . . . EDITOR

JOURNAL COMMITTEE

J. P. SUTHERLAND, M. D., Chairman J. RICHEY HORNER, A. M., M. D.
CHARLES E. SAWYER, M. D. FREDERICK M. DEARBORN, A. M., M. D.
SARAH M. HOBSON, Secretary of the Institute

Publication of an article in the Journal does not thereby secure the endorsement of the American Institute of Homœopathy. The Journal is the publicity organ of the entire Institute membership and is conducted by the Journal Committee in behalf of good-fellowship and medical progress.

Address all communications to **The Journal of the American Institute of Homœopathy, 917 Marshall Field Building, Chicago, Ill.**

VOL. VIII. JUNE, 1916 No. 12

EDITORIAL

The Baltimore Session. The bureau chairmen present in this issue their full programs. The affiliated societies have been arranged so as to conflict as little as possible with each other. The O. O. and L. Society has arranged an elaborate and attractive clinical program for two days in New York, to be followed by a program of papers in conjunction with the Institute at the Emerson. The Local Committee of Arrangements has generously refrained from putting attractive diversions during the time assigned for papers. The committee on Transportation reports unusual early reservations for the special train. The most absorbing items of business are the revision of the constitution and by-laws, and federation. The Council on Medical Education must needs be gratified with the cordial response which has been made to Dr. Parsons' federation plan. Societies and individual members have responded with enthusiasm. Dr. Dewey's lantern slides of homœopathic properties have been given before several of the medical colleges and were given before the Illinois Medical Association. A larger display will be given before the

Institute session as a part of the bureau program in Homœopathy. These slides should be loaned to the medical schools and presented to every freshman class as a piece of information on the hospital opportunities for the graduate. The special illustrated publication of the Council on Hospital Properties is also promised for distribution at Baltimore. Every member who can make Baltimore a possibility should be on hand. The president of the Surgical and Gynecological Society has a timely word for large and attentive audiences.

S. M. H.

The Audience at the Institute Session. Few members of the Institute, either presiding officers of an allied society, section or bureau, or an essayist reading his paper, who has not at some time been disappointed and chagrined at the occasional absence of a creditable attendance of members. At times this is unavoidable; at others, inexcusable. But whether or not it is due to the lack of thought on the part of the local committee of arrangements in having placed upon the program some counter attraction in the way of social diversion or having the assignment of sections so arranged that members interested in kindred subjects have to forego the pleasure and profit of one or the other is immaterial. It should be avoided.

Then, too, essayists are unnecessarily annoyed and the sessions of many bureaus disturbed by the thoughtless chatter or the vexatious departure of members from the meeting who may not be interested in the paper before the bureau.

Effort should be made by the chairmen of the various sections to secure essayists qualified to present papers of merit —scientific, scholarly papers worthy of the time and the attention of the type of professional men and women who regularly attend the annual sessions of the American Institute of Homœopathy; and then, this having been done, the membership should co-operate, by the courtesy of intelligent, interested attention to their presentation, for they ordinarily represent much time and thought in their preparation and very

often not inconsiderable sacrifice, personal and financial, by the essayist in coming to the meeting to read them.

May the Baltimore be an exception to other sessions in this respect. *E. W. Y.*

The International Congress. Just as the JOURNAL is going to press, a communication is received from the Secretary of the International Congress, of which the International Council is the executive committee.

The tragedy of the war lies written between the lines of this brief letter and its accompanying *précis*. Everywhere the homœopathic practitioners are looking to the United States of America for executive leadership and stanch loyalty. Let us not fail them. *S. M. H.*

Co-operation of the Committee on New Members and the Board of Censors. The board of censors is presumably chosen from the older and active organization workers of a society so as to exercise a discriminating judgment when a name is presented which for some reason should not be accepted upon the membership list. On this account, the geographical distribution of the board of censors is important. Two other qualifications should be under consideration: the willingness to do such correspondence as may be necessary, if by some oversight applications come in without the prescribed three endorsements, and attendance upon the meeting. Thus far this year there have passed through the hands of the Secretary fifty-four applications for membership in the Institute. The advantage of sending the application promptly to the Secretary is twofold: it diminishes the labor imposed upon the censors at the time of the Institute session, and it enables the editor to send a copy of the JOURNAL as early as possible to the new candidate. In furtherance of the co-operation between the board of censors and the committee for new members, it is suggested that the board of censors be recruited from capable members on the committee for new members. The trustees, in December, made the suggestion that a somewhat permanent

character given to the chairmanship of the committee on new members would make for efficiency in work. The fact that this is the second consecutive year of Dr. Richards' service as chairman justifies this recommendation.

S. M. H.

The Library of Homœopathic History. It was an event of more than ordinary interest to the student of the development and growth of homœopathic history that the popular series, *Everyman's Library,* published a translation of five essays of Samuel Hahnemann. One is a letter to the Minister of Police and contains a sentence which has become familiar in these days of quarantine: "The only means on which we can rely for checking epidemics in their birth is the separation of the diseased from the healthy." Equally familiar have become his words, "a linen cloak for the physician and surgeon, which they should put on when they enter the house and lay aside on leaving it." That full half the book is taken up with the Organon has seemingly obscured from the general reader these four quaint, and withal modern essays on matters of public health. One of our homœopathic publishing houses has already reserved space for an exhibit. It is to be hoped that there will be a generous exhibit of homœopathic publications at the Baltimore session. *S. M. H.*

Qualifications for Membership in the Institute of 1844-45. The Constitution of that date was published in the April JOURNAL in connection with the Annual Statistics. In this issue is published a copy of the original By-Laws. It is refreshingly brief. The qualifications for membership are worth reiterating: "a course of medical studies, according to the existing medical institutions," a certificate signed by three members, averring "good moral character and general standing, addressed to the committee on elections, and by them found *properly qualified in the theory and practice of homœopathia, and so reported to the Institute.*" Although the word "homœopathia" has passed out of use, there was obviously no thought of a

necessity of definition. Since the physician has to do more emphatically with the art than the philosophy of healing, the old phrase has given way to that which has to do with the *art*, homœopathic therapeutics.

Dr. Charles H. Vilas, Regent of the University of Wisconsin. Governor Philipp has honored one of the alumni of the State University and also the University by the recent appointment of Dr. Vilas as a member of the board of regents. For a term of years Dr. Vilas was president of Hahnemann Medical College of Chicago, giving it the advantage of his rare scholarship. Dr. Vilas' membership in the Institute dates from 1877.

The Hospital Year and the Recent Graduate. Almost every issue of the JOURNAL carries among the Classified Advertisements the "Wanted" of the understaffed hospital and the "Wanted" of the graduate seeking hospital experience. Within two months a young fellow was in the JOURNAL office and in the course of conversation detailed his awakening to the fact that it was one thing to see a master in obstetrics deftly handle the forceps or even to handle them himself under the master's eye, and quite another to meet in country practice a forceps case a little worse than ever he happened to see in college, and to have to meet it quite alone, except for such aid as kindly but untrained neighbors might give. There is no one additional thing more needed in medical training than a required year of service in a general hospital or an extensive out-patient dispensary. A year's service in a hospital often leads to a resident position or independent practice in the town of hospital service. Here enters the problem of license to practice. With the present heterogeneous regulations, there is only one safe way. Be equipped for the most exacting demands, and the most rigorous examinations lose their power to appall. The columns of the JOURNAL are open to the effort to bring together the vacancy and the applicant. Some of our medical colleges have a special bulletin for all such notices.

This avails for the graduating student, but the individual already in practice and who has discovered his need of hospital work will find the JOURNAL advertising pages of advantage. The Annual Statistics published in April give a list of hospitals either directly controlled by or generously disposed toward homœopathic practice. The Council on Medical Education is preparing a special report on hospitals with a definite classification as to teaching facilities.

What Homœopathy Is? What Homœopathy Is Not? Requests continue to come in to the Secretary's office for these reprints from the JOURNAL in the early days of the publicity movement under Dr. H. R. Arndt. A recent request for them brought also the suggestion that the official definition of homœopathy be entered upon the reprint. The present edition is nearly exhausted. When the next edition is printed, the Institute will probably have determined whether or not it shall modify its present declaration: "A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right."

The Definition of Homœopathy. While the definition of homœopathy is under active discussion, it may not be amiss to recur to an old-time authority, Webster's Unabridged:

> The art of curing, founded on resemblances. The theory and its practice that disease is cured (*tuto, cito, et jucunde*) by remedies which produce on a healthy person effects similar to the symptoms of the complaint under which the patient suffers, the remedies being usually administered in minute doses.

For all practical purposes, this is quite as illuminating as any other which has been presented. Dr. Dorland's:

> A system of therapeutics which treats disease by administering remedies in an attenuated or potentialized form, which would, if taken by the healthy in larger dosage, produce a condition similar to the disease to be treated.

EDITORIAL EXCHANGE

The Responsibility of Drugless Healers. Has ethical medicine attempted in any adequate or scientific fashion to recover that which may be of value in manual therapy? The reaction against the drug fetish comes in a degree, because our colleges in the past have placed an undue emphasis upon drug giving, and only taught the student part truth at that: omitting to give a working knowledge of the complete therapeutic range of the drug. At the same time men graduated with insufficient training in the laws of health, of how to keep well, of how people could and did get well without drugs. They graduated without being able to intelligently apply or recommend such adjuvants as mechanical, electrical and hydrotherapy, or to appreciate the proper scope of each. The fact that our better colleges have only recently given sufficient attention to these subjects but confirms the neglected past.

In spite of the open mindedness that our profession is assumed to maintain, most of us still look with exceeding scepticism towards any contribution that filters in except through the orthodox medical channels.

The medical doctor is too apt to consider those things in which he was not instructed in the school of his graduation as unworthy of serious consideration or investigation.

There is nothing that propagates new schools, sects and cults in more fecund fashion than the failure of established medicine to judicially investigate their alleged contribution.

There is nothing upon which schools, sects and cults thrive better than creating the impression that they are being persecuted by the established medical branches.

It is time for the medical profession to wake up to the fact that a sick person may safely reach the health terminus by more than one therapeutic route.

The belief of a great number of people that they have been relieved or cured by methods of manual therapy does not justify the acceptance of the claims of its exponents; but it does demand a fair and thorough examination of methods and a study of end results.

No form of error can be long propagated unless it has in it some measure of truth. May not the failure of ethical medicine to attempt to discover what measure of truth was in manual therapy be responsible for its propagation under the present group of "Drugless Healers?" —*Hahnemannian Monthly*, April, 1916.

Reorganization of the Institute. The welfare of the American Institute of Homœopathy interests every homœopathic physician and

anything that offers to increase its usefulness deserves careful consideration. Dr. Scott Parsons, of St. Louis, has outlined a scheme for the federation of all state and local societies with the Institute, a consummation devoutly to be wished. It certainly would add strength to the national organization and, by benefitting homœopathy in general, it would benefit every part and every practitioner.

Dr. Charles E. Sawyer, trustee of the Institute, offers a plan for divorcing the business side of the organization from the scientific or technical side. Certainly it is well to have the business side well looked after 365 days in the year, but, at first sight, Dr. Sawyer's plan seems to create an *imperium in imperio*. The *raison d'etre* of trustees is to look after the business of the organization. If the Board of Trustees is too large and therefore unwieldy, or its membership too scattered to get together as often as business principles require, might not an executive committee solve the difficulty? If this committee decides that a business manager, or something of that sort, is necessary, let it hire such a one, but the trustees are the responsible parties and should have full control, so that they can give account of their stewardship to the Institute.

In this issue Dr. Krauss, of Boston, offers some criticisms of Dr. Sawyer's plans that will have to be considered and must be met before any radical change in the organization of the Institute is effected. Dr. Krauss also has something further to say concerning the definition of homœopathy which he believes should go into the first article of the Constitution. On this point the *North American* has already announced its position. While recognizing the merit of Dr. Krauss' definition and the cogency of his arguments in favor of it, it believes that there is no imperative demand for a change along these lines at present and that no change should be made without consultation with homœopaths throughout the world. If a formal definition of homœopathy is to be adopted, let it be put forth with the authority and imprimatur of an International Homœopathic Congress.—*North American Journal of Homœopathy*, May, 1916.

On Going to the State Meeting. No physician is so dead as the one who says, "I haven't time to go to the state society meeting, as my practice is so large that I cannot leave it." You know the kind of stuff we mean. Usually the man is too lazy to go or has lost all his interest in progress and is contented to shift along in the same rut that he has been in ever since he graduated from medical college. To attend a meeting of his colleagues and hear the papers and discussions and in addition to see the handling of clinical cases with the medical or op-

erative treatment is a liberal postgraduate course for any one and particularly for those who do not have any opportunity to observe the care of patients by others during the course of the year.—*Iowa Homœopathic Journal*, April, 1916.

The Temple Veil Still Unrent. Should not the physician be the very last man to scoff at the mystical, and to found scepticism as to spiritual things upon the artificial fertilization of sea urchins by a Loeb, for who witnesses more mystical things daily than he? What more mystical than the artificial fertilization of a sea urchin? When we say that we know more we usually mean that we can use more words about something. We really don't know what electricity is today any more than we ever did, but there is no end to our applications of it, and no end to the terminology. We think we know a great deal about immunity. Well, we don't; what we know a great deal about is Ehrlich's side-chain language. That man to whom no more mysteries remain is a weed of the schools, even a blighted one.—*Medical Times*, May, 1916.

A Tip. The Institute Special will be via the B. and O., and the B. and O. runs through West Virginia. A good road with much fine scenery. The *Atlantic Monthly* for April has a long paper on prohibition. Among other things it says that West Virginia swarms with "deputies" who are empowered to board trains and search passengers and their baggage for that flask so many good men were wont to carry, and if found you are liable to be haled before some one and fined or jailed. Doubting the *Atlantic's* statement we met a man who had lived there, West Virginia, until quite recently. "Yes," he said, "they are sharp on the coaches, but rather easy on the Pullmans." Perhaps being doctors the guardians of virtue may let you pass—you, that is, who carry flasks, if any do.—*Medical Recorder*, May, 1915.

Postgraduate Facilities in Philadelphia. The facilities Philadelphia offers as a teaching center for the postgraduate student cannot be surpassed in this country.

Twenty-five hospitals have special clinics devoted to eye, ear, nose, and throat work.

All these clinics are open to visitors.

A daily list of operations, their time and place, is supplied to the student.

The Library of the College of Physicians and Surgeons, the Mütter Museum, and the Wistar Institute of Anatomy offer the most thorough means of perfecting the academic side of special education.

The small private class teaching is ideal.

Throughout the winter there are many meetings where the specialist can find presented particularly fresh and interesting papers.—*Jour. O. O. and L.*, May, 1916.

ANNOUNCEMENTS

Meeting of the Board of Trustees

A meeting of the Board of Trustees is called at eight-thirty, Monday morning, June 26, 1916, in Room 319 at Hotel Emerson, Baltimore.

By order of the President.

Place of Meeting, 1917

The Committee on place of meeting is anxious to receive invitations from cities wishing to entertain the Institute in 1917.

Invitations should be accompanied by detailed information regarding hotel accommodations and rates, giving in detail the space available for exhibits, the number and size of rooms for conventions, also for committees. A floor plan of the hotel is desired.

Please send invitations to

Dr. Byron E. Miller, Chairman,
816-17 Broadway Bldg., Portland, Ore.

Golf at Baltimore

The Local Committee of Arrangements is making provision with local Golf Clubs for extension of courtesy to visiting physicians.

General Revision Committee

Dr. J. Richey Horner has been made Chairman of this committee in place of Dr. James C. Wood, the original appointee.

Last Call: All Aboard

By C. A. Harkness, Chairman Transportation Committee

The INSTITUTE SPECIAL for Baltimore leaves Chicago Saturday, June 24, at five-forty-five. Have you secured your reservations and tickets yet? If you have not, this is positively the last call and the train may go without you. Can you afford to miss this meeting of the Institute? It will be the most important one held for years. The Federation Question is big enough to make this meeting the biggest and most important ever held.

With such a meeting it ought to be necessary for us to run two special trains from Chicago. It may be yet. If the reservations continue to pour in as they have been doing we will have the biggest crowd ever known on an Institute Special. So, if you have not already written to Mr. Benedict, the B. & O. District Passenger Agent, do it now.

Remember the story of the wise and foolish virgins and be prepared to get on the train when the conductor calls, "All aboard."

Don't forget that this is a real special train, with all the trimmings. It is solid Pullman, new steel cars, special entertainment, ladies' maid, barber shop and all that goes to make the modern train a pleasure to travel on.

All of your old friends will be there and lots of new ones. And some of the most lasting friendships are made on such trips.

It hardly seems necessary to call to your attention the fact that you owe it to the railroad to go over the official line. Yet you do owe it to them. But for their kindness we could not get such accommodations as we shall have. Show your appreciation by going with the crowd.

Once more let me tell you that this is the scenic road to Baltimore. Our schedule gives us a daylight trip through the mountains and the historic parts of the country we traverse.

The time to write or wire for your accommodation is now. Tomorrow may be too late. In slang language, "Get busy." Arrange to go to the meeting: take your family with you: if you have no family, take some one else's with you. Your friends, even if not members of the Institute, can travel on this train. Show them how your society handles its people. Prove to them the strength of Homœopathy. Let them see what a superior crowd we are. Let the world know that we are alive and doing things.

For reservations or information, write or wire Mr. Benedict, 236 S. Clark St., Chicago.

Delegates to the Preliminary Congress of States

Twelve societies from the states of Illinois, Michigan, Massachusetts, Ohio, Indiana, Kentucky, Wisconsin have already reported delegates to the Preliminary Congress of States. The list of delegates furnished to the JOURNAL will be published in the Program.

The following states, in addition to these already cited, have declared in favor of the federation movement: New York, New Jersey, Iowa, New Hampshire, Rhode Island, Pennsylvania, Arkansas, Delaware, Colorado, Oregon, Washington, California.

To the Secretaries of the Associated Societies

It has been the custom heretofore for the secretaries of the Surgical and Gynecological, the Obstetrical, and the Society of Physical Therapeutics to hold all discussions and many of the papers until all discussions have been edited and corrected by their authors. On account of the incidental delay, these discussions and many of the papers do not get to the JOURNAL office

until late in the fall, and sometimes not until more than six months after the Institute sessions. If none of the papers in these affiliated societies are published until the corrected discussions come, a fair distribution of papers throughout the year is impossible. The secretaries are therefore requested to forward promptly after the Institute session a few papers each month until the budget is completed, in order that the Discussion may accompany the paper under discussion.

The Annual Statistics

Notwithstanding Dr. Thomas Franklin Smith's persistent and repeated request for data from all homœopathic institutions, almost every month some institution, club or association is discovered not yet upon the list. Attention is herewith directed to the Alumni Association of the Hahnemann Medical College of Chicago. This is an association so alive as to contribute $4,000 annually to the College. The President is Dr. Eli Bradford, Rock Island, Ill.; the Secretary, Dr. William E. Boynton; the trustees, Drs. Gordon, Costain and George. The annual collection of dues for incidental expenses is from $500 to $600.

Union Hospital of Chicago is another institution which somehow has escaped the recording pen. Dr. Elmer Vaughan had furnished the proper data to Dr. Dewey for his hospital record and was unaware that this was insufficient for the full recording of statistics. This is another example of the necessity of a central business office. The Union Hospital has a property value of one hundred thirty thousand dollars, accommodates sixty patients. Miss Martha A. Pippereite is superintendent with a corps of thirty nurses.

Proofreading the Annual Statistics is a certain snare. The JOURNAL proofreader apologizes to Dr. Patch of Woodside Cottages for overlooking the substitution by the compositor of a line from the Newton Sanatorium into the statistics of the Woodside Cottages. Woodside Cottages have 25 beds and take "chronic and nervous cases," while the Newton Sanitorium has 5 beds and takes "nervous and insane cases only."

Papers and Their Discussions

The Chairman of the Press Committee has published an announcement in every issue of the JOURNAL since February, making a request for prompt forwarding to the Chairman a copy of every paper to be read at the June session. With the more or less rapid talk of members who discuss papers, there is difficulty in getting the discussions *verbatim*. Moreover, not all that is said in informal discussion is desired to be reproduced on the printed page. The suggestion is therefore made that each member who discusses a paper submit to the JOURNAL what he said, or what he wished to say, remembering the "five

minute" rule of the by-laws. There will be a stenographer on the mezzanine floor a part of each day during the session, who will type to dictation at the usual rates.

An Offensive By-Law

There is another by-law than that relating to time of discussion which has occasioned considerable criticism. It is Article VI, section 4, to the effect that a member shall not be appointed to more than one bureau in one year. Since this does not apply to the four associated societies, thereby enabling the industrious writer to produce from two to five papers in one year, and since there are approximately only seventy bureau papers from an attendance of four to ten hundred, the by-law appears offensive chiefly to the disappointed individual and chairman.

Abolish the Fahrenheit

The American Association for the Advancement of Science has issued a circular letter relating to a bill introduced into Congress by Albert Johnson, of the state of Washington. The object of the bill is to abolish the Fahrenheit scale of temperature in all United States Government publications and to establish the Centigrade scale as the recognized standard. The advantage of the Centigrade scale is so obvious that it is passing strange that the "iron shirt of habit" has availed these past thirty years or more, during which this simple change has been advocated by students in science. The JOURNAL recommends that every allied society pass the requisite resolutions and mail them to S. W. Stratton, Chairman, Thermometer Committee, American Association for the Advancement of Science, Washington, D. C.

Applications for Membership

J. W. Allen, M. D., 4414 N. Broad St., Philadelphia, Pa.

Frank V. Boyle, M. D., 121 N. Main St., Bowling Green, Ohio.

Edwin C. Braynard, M. D., Sea Cliff Ave., Sea Cliff, N. Y.

Bessie Coffin, M. D., Addison, Mich.

Wm. Clay Dieterich, M. D., Waverly, Minn.

Arthur M. Eastman, M. D., 410 Groveland Ave., Minneapolis, Minn.

Herbert E. Fernald, M. D., North Main St., Cohasset, Mass.

Wm. A. Frascolla, M. D., 663 E. 165th St., New York, N. Y.

Harry H. Hammel, M. D., Tecumseh, Mich.

Marie L. Ingram, M. D., 2439 N. Charles St., Baltimore, Md.

Flora V. Kramer, M. D., Homœopathic State Hospital, Allentown, Pa.

Frank R. Loomis, M. D., Brooklyn, Mich.

Percy Ralph McFeely, M. D., 1 Summit Ave., Bogota, N. J.
Harry A. Neiswander, M. D., Pandora, Ohio.
Frederick M. Schwarzel, M. D., 6436 Stewart Ave., Chicago, Ill.
Floyd R. Town, M. D., 226 S. 12th St., Ann Arbor, Mich.
M. W. Van Denburg, M. D., 107 Union Ave., Mt. Vernon, N. Y.
Ira L. Wyant, M. D., 73 S. Linwood Ave., Norwalk, Ohio.

CORRESPONDENCE

International Homœopathic Council

To the Homœopathic Physicians of the United States.
Honored Colleagues:

To you we desire to convey our cordial greetings. and to address you in the interests of World-Homœopathy, which knows no barrier of race or language. May her Institutions flourish and her work prevail!

At the last International Congress in 1911 application was received and endorsed by the assembly for the next meeting to take place in Berlin in 1916. Political events have intervened to preclude the possibility of a representative Congress meeting in Berlin in this year of grace. As alternatives, America or a European neutral state have been considered by the officiate as possible places of assembly; but the same objection as to the impracticability of representation holds good with these proposed centers as with the other appointed city of meeting. The officiate advise that in the year 1916 no summons be issued for the meeting of the International Congress. That in the ensuing year 1917 the question be considered as to practicability, time and place, and an advisory statement thereupon issued.

At the Congress of 1911 the International Homœopathic Council was appointed with powers to consider and promote the interests of World-Homœopathy and to report at the next ensuing Congress. This Council has drafted a precis of its work, which we append: a detailed account of its being and doing will be presented to the next meeting of the International Congress. It is obvious that the constitution of such an interim Council has been amply justified by results, and the Council thus appointed proposes to continue its work up to the next assembly of the International Congress.

We remain, honored colleagues, yours fraternally in the interests of Homœopathy,

George Burford, M. B.,

President of the International Congress of 1911.

John Preston Sutherland, M. D.,
Charles E. Wheeler, M. D.,
Permanent Secretaries of the International Congress.

C. Knox Shaw, M. R. C. S., &c.,
Treasurer of the International Congress of 1911.

Precis of Work of the International Homœopathic Council, 1911-1915.

1912. Meeting of Council at Zurich in August: President McClelland in the Chair. Dr. Hoyle appointed Traveling Secretary for International work. Dr. Hoyle, on the Council's instructions, visited Sweden and co-operated with the homœopathic physicians there in an active propagandism.

1913. A well attended and most profitable Annual Meeting of the Council was held at Ghent, in August. Besides a public assembly, presided over by the Governor of the Province, the official meetings of Council covered a period of three days, and much important work was satisfactorily done.

The Berlin Homœopathic Society sent an invitation for the Traveling Secretary to address an open meeting on the subject of Homœopathy. Dr. Hoyle visited not only Berlin, but also the towns of Magdeburg, Darmstadt and Frankfurt, carrying out a successful and interesting propagandistic work.

1914. Through Dr. Leon Brasol, a similar request was proffered to the International Council, and Dr. Hoyle was commissioned to journey to Petrograd, at an important juncture in the history of Homœopathy in Russia. This visit was made with official sanction, and resulted in a considerable activation of the influence of Homœopathy in that country.

Every arrangement had been made for a largely attended annual meeting at The Hague, Holland, in August. The First Vice-President of the Council, Dr. George Burford, had visited this famous city and conferred with Dr. Voorhoeve and with Dr. Tuinzing of Rotterdam, regarding public and private arrangements for the reception of the delegates.

Suddenly, like a bolt from the blue, came the declaration of war, three days before the proposed meeting. This was necessarily cancelled; and as several leading American homœopathic confreres were in England, en route for The Hague, a meeting of available delegates was called in London and the official business destined for The Hague meeting considered.

Dr. John Preston Sutherland was appointed President of the Council in place of Dr. J. H. McClelland, of splendid memory. It was decided to continue the work of the Council: and recognizing the difficulty of any International meeting until the advent of peace, it was further agreed that the British

officers and delegates, working with an Advisory Committee appointed by the British Homœopathic Society (the President of the Society being *ex-officio* on the Committee) should be constituted an interim body to carry on the Council work.

April, 1916.

The Definition of Homœopathy

To the Journal of the American Institute of Homœopathy:

In comment on the discussion as to what definition of homœopathy, if any, shall be incorporated into the Constitution of the American Institute of Homœopathy, the *North American Journal of Homœopathy* has contended that there was no compelling necessity for any change at this particular time and that the adoption of a definition, especially if that definition differed markedly from those that have been current among us, was a matter for action by an international congress rather than a national organization. With this thought in mind, the views of a British colleague of international reputation as a lecturer and essayist were sought. This writer believes that Dr. Krauss, of Boston, is right in seeking to have homœopathy properly defined, but believes that any decision by the American Institute of Homœopathy will be of importance beyond the limits of this country. He feels that Dr. Krauss's definition will not leave the ignorant any wiser as to what homœopathy is, since the term, "Symptomsimilarity," which Dr. Krauss employs, itself needs defining. This writer says that, if he were called upon to state briefly the purpose of the Institute and the definition of homœopathy, he would do so in the following words:

"To secure recognition of the principle of homœopathy in the practice and teaching of therapeutics: homœopathy being defined as the method of employing drugs for the cure or relief of disease first clearly enunciated and established by Hahnemann in the formula 'similia similibus curentur.'"

The reader will readily see that the suggestion has some obviously good points. It confines homœopathy to the realm of drug therapeutics; it gives credit to Hahnemann for the putting of homœopathy on a firm basis, although it does not predicate that the homœopathic principle was entirely unknown before his day; it omits the debatable term, "law," while at the same time it retains the familiar formula: "similia similibus curentur."

Our British colleague's suggestion is respectfully referred to the Committee on Revision of the Constitution and By-Laws of the Institute and to the general Institute Membership.

Submitted by and also published in the North American Journal of Homœopathy.

On the Revision of Constitution and By-Laws

Ithaca, N. Y., May 13, 1916.

Editor Journal American Institute of Homœopathy:

The following criticism of the proposed amendment to the constitution is submitted for consideration:

Article I, as printed on page 346 (Sept.) covers the ground very well; would it be an improvement to insert after "art of medicine" the words *hygiene and sanitation,* after "medical profession" the words *and the rights of our members,* and before "medical education" the words *and efficiency?*

The best definition of homœopathy as to its essential is that offered by Dr. Krauss: "Homœopathy is the therapeutic method of symptom-similarity." But the subject is too vast, too complicated, for such simple expression. The word homœopathy also stands for our system of medicine which, extending wherever medicinal therapy is applicable, involves individualization of patient, case and remedy, the single remedy, small dose, potentization, materia medica, provings, verifications, pharmacology and a complete organization of societies, colleges, hospitals, books and periodicals peculiar, but not necessarily limited to itself. (Insert "potentization" in compromise with those who would like to insist upon its being "the law of cure.")

I object to any definition which limits homœopathy to medicinally curable constitutional diseases; it will *cure* only such, but we must not say that it is indicated only in them.

Why need the constitution define homœopathy if it does not define medicine, especially if we supplement it with our official definition in a standing resolution? Such a definition can readily be modified to agree with a different one adopted (if ever) by a World's Congress, and I have no doubt will prove as useful as has the official definition of the homœopathic physician.

Art. III and IV.—Notwithstanding the by-laws these take the control of the bureaus and scientific sessions from the Institute and place it in the hands of the trustees. I object.

Art. V.—The seal should be described more fully: "A suitable device" is too indefinite.

By-law IV, Sec. 2.—Will not the Institute lose money unless this section be stricken out? Has this cheapening really paid? I doubt it. How about the sectional societies? And the proposed federation?

Sec. 4 should be changed! At present it is possible for a man to become a senior at the age of 46—and at his prime stop paying dues. We are too poor to cut down our income at both ends.

Sec. 8.—"All the privileges" includes sending the JOURNAL regularly, for life, to people who are not members of the medical profession and whose interest in the Institute (if any) may have been ephemeral.

By-law V.—"The business session of the third morning." What business sessions will the Institute hold after delegating its

business and the control of its scientific and professional activities to a Board of Control and the Trustees.

Is it proper or consistent to organize in our by-laws a Congress of States whose members are elected or appointed by various bodies throughout the country and not as are Institute members? It is unconstitutional. (See Art. II.)

By-law VI does not recognize this Congress as a sectional Society.

Has the Institute so much time to spare that it can give a whole morning (costing how much?) to another—a possible rival—medical body over which we have no control and to which this by-law proposes delegating some of the Institute's constitutional duties and powers? Shame! The by-law gives it power to "transact such other business as may not be contrary to the rules of the Institute," and in the same breath prescribes for the Congress functions laid down (in other words) in Article I of our Constitution. An opening wedge for disintegration of the Institute

By-law VII, Sec. 4, would be less obscure if it said clearly by whom the compensation should be "specifically ordered."

By-law IX, Sec. 2.—For clarity, embrace the *600 hours* with parentheses.

Let us keep up-to-date, and add to the requirements a hospital service.

There is not time in the curriculum for "thorough training" in ophthalmology, otology and laryngology (why not rhinology?) and the other specialties.

By-law X, Sec. 1, is inconsistent with by-law III. "Open session" of what? Of the Board of Censors?

Sec. 3.—Would you limit the memorial service to fifteen minutes?

Sec. 8.—I heartily approve of election by mail vote.

By-law XI.—This is too much like making the Institute subservient to the (Utopian) Congress of States, which—to say the least—will be a comparatively unstable body.

John L. Moffat.

Reorganization

Marion, Ohio, May 16, 1916.

Editor Journal American Institute of Homœopathy:

A recent article in the May number of the JOURNAL reveals the fact that the subject of re-organization contemplated is not clear to all. To further elucidate the subject this article is presented.

It is the feeling of many members of the A. I. H. that the present methods of operation are not what they should be. I say this advisedly; for I have in my possession at the present time many letters from the leading homœopaths throughout the

country expressing themselves as dissatisfied with the present order of things and assuring co-operation in re-organization. Aside from this, various States of the Union have expressed at their State meetings, similar opinions.

It is generally recognized that new policies should be inaugurated, new systems installed. These are matters that have been talked about for many years, but like many other Institute subjects, they have ended in talk. This has been due largely to the fact that no well worked out plan has been presented.

With this knowledge of the case, a few men familiar with the needs of the A. I. H. have formulated a definite plan which if carried out in detail will be of great assistance to the promotion and perpetuation of all things homœopathic.

Referring to the matter of the establishment of the Board of Control as cited in the revised Constitution and By-Laws, I offer the following explanation and reason for same. At present the Board of Trustees of the A. I. H. consists of fifteen members scattered throughout the United States. Six of these are elected each year, most of them being wholly unfamiliar with the business requirements of the Institute. This Board of Trustees meets but twice a year; once for a one day session in December and again as the occasion demands at the regular Institute meetings.

Any one giving due consideration to the subject must come to the conclusion that this makes very limited consideration of many important matters to the A. I. H. To overcome this, the plan proposed contemplates a Board of Control of three members who are to have direct charge of business matters of the Institute. They are to open and maintain a central business office, employ a General Manager, an Editor, a Secretary-Treasurer with such other assistants as may be necessary to conduct the business matters of the Institute in an active, aggressive and progressive manner.

The business matters of the Institute are entirely separate and distinct from the technical and professional matters, and do therefore demand special and separate consideration.

The matters for the special attention of the Board of Control are:

A. All matters of revenues and disbursements.
B. Collecting and accounting of all funds.
C. Keeping of all records.
D. Direction of all propaganda.
E. Control of all properties.
F. Federation of societies and clubs.
G. Standardizing of Colleges.
H. Classifying of Hospitals.
I. Regulating Training Schools.
J. Institute memberships.
K. Legislative matters.
L. Publishing of Journal.
M. Subscriptions to Journal.

N. Exhibits.
O. Endowments.

From this summary one is impressed with the fact that all of these are matters of great importance requiring regular and constant attention; and it is to place these matters under direct and official management that the Board of Control is contemplated.

This Board of Control does not in any way take from the Board of Trustees or the Institute, any of its rights or privileges. It only executes the will of the Institute, and it does that economically, efficiently, successfully, continuously.

Another matter which is apparently misinterpreted is the meaning and purpose of the Congress of States. This was contemplated entirely as a conferring and consulting body, rather than a political and executive body. The predominating thought in this arrangement was to add to the attendance at the Institute meetings by interesting the various States in sending certified members to the meetings of the parent body.

Each State and every section of the country presents special matters for consideration and action of the National organization. To illustrate, Maryland delegates this year are especially interested in matters influencing vicious legislation; Ohio, in matters pertaining to unreasonable college classification; Missouri, in assistance in elaborating and bringing about her University idea; South Carolina, in the organization of a State Society; Florida, in securing more doctors to provide for the increasing demands of her rapidly growing population; Oregon, in State Board matters; California, in reciprocal relations; Maine, in State appointments; Massachusetts, in corporation and industrial appointments.

In the Congress of States would be taken up and discussed any matter that is essential to the welfare of Homœopathy. This would be in conjunction with and in the presence of the entire Institute body. Out of this would come advice, and instructive concerted action.

The general plan of conducting the Institute would be much as now, but the carrying out of the instructions of the Institute would be in the hands of a few, thereby execution would take the place of resolution and a live wide-awake organization promoting all homœopathic interests would result. This is possible only by concerted action, and the present is the time to act.

Charles E. Sawyer.

Synopsis of Federation Plan

St. Louis, Mo.

To the Journal of the American Institute of Homœopathy:

In response to your request, the following synopsis will give a general idea of the various vital points to be discussed and acted upon at the Congress of States:

1. *Form of Federation.* Whether by charter or form of

agreement. The American Institute and various Constituent Societies will have to amend their Constitution and By-Laws with some degree of conformity, legalizing Federation.

2. Membership. Whether membership in the American Institute shall be obligatory or optional. If sufficient inducements are offered by the Institute, as outlined in the following clauses, membership should be obligatory. As a matter of fact, one could not afford to stay out.

3. Regulation of Dues. Under a Federative scheme the dues in societies should be regulated and standardized. For instance, American Institute, $5 (including JOURNAL); State Societies, $3; Local Societies, $2. Or, under obligatory membership ruling, American Institute, $3 (including JOURNAL); State Societies, $2; Local Societies, $1.

4. Collection of Dues. Whether dues shall be collected by the American Institute Treasurer direct from members, or Constituent Societies collect through their individual treasurers and remit to the Institute.

5. Appointment of Delegates. This depends upon the function of the Congress of States, whether it shall be the elective body or the nominating body, or its power in Institute affairs. The Constituent Societies should be a power in the Institute, otherwise they could have little reason for federating. One delegate to every 25 members of the Constituent Societies would form a Congress of 300. One delegate to 50 members, a Congress of 150. One delegate to 100 members, a Congress of about 100.

6. Journal Subscription. This should be obligatory, making every Institute member a JOURNAL subscriber. As the Institute JOURNAL is the vital organ of homœopathy, its circulation should be increased in every possible way. The larger the subscription, the greater the JOURNAL and the more extensive and far-reaching its propagandism.

7. Per Capita Tax. Each Constituent Society should pay to the Institute a per capita tax or a percentage of its collections from dues, in addition to the individual membership dues paid by members to the Institute. This per capita tax or percentage to go to a fund or funds to support and maintain an Institute (National) Press Bureau, and an Institute (National) Defense Department.

8. Institute (National) Press Bureau. The establishment of a Press Bureau by the Institute under the management of a competent newspaper and publicity operator. This Bureau to be in continuous service and to handle the press and publicity work for the Constituent Societies as well as the Institute, and to arrange for and prepare suitable articles for the press bearing upon homœopathy. A percentage of the tax collected from the Constituent Societies to be used for this purpose.

9. Medical Defense. Develop a Medical Defense Department in the Institute for the defense of individual members

against malpractice suits, or to defend the Institute or its Constituent Societies, Homœopathy, or any of its Institutions against libelous or malicious attacks, or for the protection of its property rights. A percentage of the tax collected from Constituent Societies to be used for this purpose.

10. Congress of States. Create in the Institute a Congress of States. This body to be composed of delegates from the Constituent Societies, with certain powers and functions vital to the Institute whereby the American Institute and the Constituent Societies shall derive mutual advantages.

11. Function of Congress of States. Give this body a power in the Institute. Let it *elect* the Institute Officers and Trustees, or, give it the power to *nominate* the Officers and Trustees, selecting candidates for office and arranging, say, two or three tickets representing different candidates as is done by our National political conventions; the election to be by a general vote of the Institute.

12. Fellowship. Create in the Institute a Fellowship. The degree of F. A. I. H. (Fellow American Institute Homœopathy) to be conferred upon those having reached seniority in membership or pre-eminence in medical work.

These are some of the planks in the Federation Platform, to be considered at the meeting of the Congress of States Tuesday, June 27th, Baltimore session of the American Institute, which will be held at Hotel Emerson. Presidents of every homœopathic society in the United States have been officially notified of this movement and have been requested to send delegates to this important meeting.

Pamphlets giving a concise and complete plan with explanatory notes will be distributed at the meeting.

Council on Medical Education,
Scott Parsons,
Special Representative.

"Neglected Values"

Pittsburgh, April 24, 1916.

To the Journal of the American Institute of Homœopathy:

The Paper of Dr. Fisher's in the April JOURNAL is just the kind of a thing we need. Our young homœopathic physicians are so much interested in laboratory findings and other methods of diagnosis (all of which is perfectly right, and I would not have them omit anything that adds to their efficiency) that in their enthusiasm for diagnosis they forget the one more important thing, —curing the patient. They often forget that to gather up the totality of symptoms and to select the indicated remedy is equally vital.

Because the dominant school has made diagnosis a matter of technic, the young graduate is ready to follow suit, bartering his birthright for a mess of pottage. He is in peril of losing not only

his inheritance, but even the consciousness of his wealth in homœopathic therapeutics.

More of our older physicians should do what Dr. Fisher has done,—give a clear exposition of the success of homœopathic therapy and the failure of routine measures.

In behalf of homœopathic propaganda,

Anna Johnston.

PRELIMINARY ANNOUNCEMENT OF THE O. O. & L. CLINICS

To Be Held in New York, June 23rd and 24th

Operative clinics will be held all day long on both Friday and Saturday at the Ophthalmic, Flower and Hahnemann Hospitals.

In order that members *may get close enough to the operating table to witness every detail of the operation,* it is planned to issue cards to each clinic so that every one can see and no clinic be overcrowded. *These cards will be issued in the order of application,* and so far as possible to give every man a fair show to see what he most desires. The number to attend each operative clinic will necessarily, from the character of the work, be limited, but there will be ample room and material for all at the non-operative clinics.

The indications are that there will be a very large attendance, and in order to see what they most desire, members must know by June 1st if they are coming so that immediately upon receipt of the June issue of the JOURNAL with detail plan of each operation and operator they can select the ones they most desire to see and must not be disappointed if we are compelled to assign them their second or third selections, as the rule will be, "First come, first served."

In the arrangement of operative clinics it has been the aim of the Committee to confine the work largely to original operations and to the newer operations, and as far as possible to show several different operations for the same condition so that the different methods may be compared. In accordance with this plan experts in special operations from all parts of the country have been invited to make their special operation. If any member of the Society has any special or original method he desires to exhibit and will communicate with the Committee at once, we will endeavor to make room for him and if possible provide a case.

For example, we have already provided for four different reefing, tucking, or advancement of ocular muscles, for three different glaucoma operations, three different methods of removal of the lachrymal sac, five or six different tonsillectomies. There will be cataract extractions, enucleations with implantation of rubber ball, iridectomies, tenotomies, mastoid, sinus and nasal operations, and we hope the demonstration of the monometer and tonometer on the living eye.

At the Ophthalmic Hospital there will be an innovation that the Committee believes will prove most attractive and instructive, that is, the exhibition of rare and interesting non-operative cases. For this we are sure of having at least fifteen or twenty cases of various choroidal diseases, probably as many cases of retinal and optic nerve diseases of various types and stages, several cases of glaucoma, detached retina, and other fundus cases; one typical case of the extremely rare disease of amaurotic family idiocy is lined up for this exhibition. Rare diseases of the conjunctiva, cornea, iris, lids and lachrymal apparatus can also be seen.

In the throat and ear clinic especial attention will be given to the therapeutic treatment of both rare and every day diseases of these organs.

This examination of cases will be going on Friday and Saturday afternoon from two to six at the same time operations are being held so that every one is assured of having something of profit to see during his visit.

Among the many good things hinted at above, we wish to call especial attention to the particularly interesting work provided for along the border-line of our specialties. Dr. George W. Roberts will make one of his original harelip and cleft-palate operations with the exhibition of several cases. Dr. William H. Bishop will operate a brain abscess or tumor. Dr. William H. Dieffenbach will show and give a little talk on the reading of x-ray plates. Dr. F. M. Dearborn will give a demonstration of fulguration and carbon dioxid snow on border-line conditions. Dr. M. W. McDuffie will demonstrate the use of radium. Dr. T. Drysdale Buchanan will demonstrate on the cases to be operated five or six different methods of anesthesia.

The above is simply an outline of the day work. On Friday evening we will have, through the kindness of Dr. Frederick M. Law of the Manhattan Eye and Ear Hospital, an opportunity of seeing probably the finest collection in existence of x-ray plates of sinus conditions. Dr. John E. Wilson will give us what we believe will be a most useful and instructive talk on the Neurological Aspect of Ophthalmological Problems, and our own Dr. Palen will exhibit his especially fine collection of lantern slides of the temporal bone and sinus,—a most interesting, valuable and instructive evening.

After two full days of hard work, Saturday evening will wind up the New York part of our annual meeting with a dinner at the Woodward, 55th and Broadway.

Stern and Just. There is no trifling with nature; it is always true, grave and severe; it is always in the right, and the faults and errors fall to our share. It defies incompetency, but reveals its secrets to the competent, the truthful and the pure.—*Goethe.*

INTERNATIONAL HAHNEMANNIAN ASSOCIATION

The 1916 session will be held at the Aldine Hotel, Chestnut St., Philadelphia, June 21-24, 1916. Members of the American Institute are cordially invited to this meeting.

Bureau of Materia Medica

Dr. G. E. Dienst, Aurora, Ill., Chairman

A SYMPOSIUM OF THE METALS

Alumina, Aurum Met., Arg. Met., Arg. Nit., Cuprum, Ferrum, Palladium, Platina, Plumbum, Radium, Stannum, Uranium, Zincum.

The Mentality of the Metals. Prof. Guy B. Stearns, New York.

Symposium on the Relation of these Metals to Vascular and Tissue Changes. Prof. E. W. MacAdam, M. D., New York.

Nutrition and Diseases of the Digestive Tract. Prof. Harvey Farrington, Chicago, Ill.

Emunctories in General, and Diseases of the Sweat Glands and Kidneys in Particular. Dr. Clarence E. Baldwin, Peru, Ind.

Functions of the Reproductive Organs. Dr. C. M. Boger, Parkersburg, W. Va.

Diseases of the Brain and the Spinal Cord. Prof. Edwin A. Taylor, Chicago, Ill.

Glandular System. Dr. Theo. H. Winans, Mexico, Mo.

Diseases of the Skin. Dr. Grace T. Stevens, Northampton, Mass.

Diseases of the Respiratory Organs. Dr. John Weir, London, England.

Diseases Affecting the Special Organs of Sight, Hearing, Taste, Smell, and Sense of Touch. Dr. Rosalie De La Hautiere, San Francisco, Cal.

H. Becker, M. D., Secretary.
1330 King St., West Toronto, Can.

Faculty Changes at Hahnemann, Philadelphia

Reported by Dr. Ralph Bernstein

At the recent annual meeting, the Governing Faculty announced the following appointments: Ralph Bernstein, Professor of Dermatology; W. Lawrence Hicks, Associate Professor of Nervous Diseases; Wm. D. Culin, Associate Professor of Gynecology; H. M. Eberhard, Clinical Professor of Gastro-Enterology; Jos. McEldowney, Associate Professor of Physical Diagnosis; J. G. Lane, Clinical Professor of Orthodontia; D. W. Horn, Professor of Inorganic Chemistry; Wm. Steele, Associate Professor of Medicine; R. S. E. Hunter, Instructor in Genito-Urinary Diseases; H. M. Shannon, Instructor in Genito-Urinary Diseases; C. W. Truxal, Instructor in Medicine; Roman C. Hoffman, Instructor in Physical Diagnosis; Wm. J. Ryan, Demonstrator of Ophthalmology.

EASTERN OHIO SOCIETY

Reported by Dr. J. Richey Horner

The forty-third annual session of the Eastern Ohio Homœopathic Medical Society was held at Akron, April 19, 1916, President J. Richey Horner in the chair. Forty members were present, a number of them bringing their wives, thus meeting the cordial request of the Summit County Clinical Society, the hosts of the occasion.

The social end of the day was well provided for and everybody had a good time.

As a part of the scientific program Dr. Thomas H. George, Cleveland, presented a case on myositis ossificans in which there was a progressive ossification of muscular tissue, particularly in the neck and the upper part of the trunk. He presented a specimen of bone which had been removed and showed x-ray plates which demonstrated his case very clearly. Treatment had not availed anything. Suggestions of the use of hecla lava and of the intravenous injection of a radium solution were made.

Dr. C. G. LaRocco, Cleveland, reported a case of dementia precox which showed marked improvement following the prescription of thyroid gland in five grain doses.

Dr. Hudson D. Bishop, Cleveland, presented a paper giving in detail suggestions as to the education of patients in seeking a cure for intestinal toxemia. Dr. Bishop dwelt particularly upon what might be called the psychological phase of the proposition, stating it as his belief and experience that constipation could be cured, if the patient were to give the proper thought to the act. We are hoping to see this paper in print as it is valuable and comprehensive.

The President called attention to the proposition before the American Institute of Homœopathy which provides for a federation of the homœopathic organizations throughout the United States with the American Institute of Homœopathy. He advocated the direct plan as suggested by Dr. Scott Parsons and at his suggestion four delegates to the coming "Congress of States" at the Institute meeting were ordered appointed.

Dr. H. F. Staples, Cleveland, called the attention of the Society to the appointment, by Governor Willis, of Dr. Charles E. Sawyer, Marion, Ohio, as a member of the state board of medical registration. Upon Dr. Staples' motion, the Society unanimously indorsed this appointment as being that of a man who could adequately represent homœopathy and the homœopathic profession of Ohio.

A part of the session was devoted to the presentation of clinical cases by members of the Society, the principal discussion developing on the report of Dr. George H. Irvin, Orrville, Ohio, on the prevalence of whooping cough in that town. He reported his best results to come from pertussin. Remedies suggested were:

Coccus cacti 30; drosera 30 and 200; belladonna 30; corallium rubrum 30; chelidonium 30; ipecac.

The following officers were elected to serve for the following year: President, Dr. A. E. Stepfield, Doylestown; Vice-President, Dr. E. B. Whigam, Greenwich; Secretary, Dr. George H. Irvin, Orrville, and Treasurer, Dr. F. D. Smith, Cuyahoga Falls.

After placing upon record the hearty thanks of the Society for the entertainment given them, adjournment was had to meet in Massilon the third Wednesday in October as the guests of Dr. W. H. Kirtland of that city.

HAHNEMANN ROUND TABLE

Reported by Dr. Byron E. Miller

The Hahnemann Round Table held its regular monthly meeting May 3rd, at the Imperial Hotel, Portland, Ore. After the usual banquet which the members sat down to at 6:30 o'clock, they retired to one of the private parlors where at 8 o'clock the meeting was called to order by Dr. Peter L. MacKenzie, President. Dr. Byron E. Miller presented the paper of the evening upon "Thuja" and in part said:

"Thuja, or Arbor Vitae, is one of the oldest plant remedies in existence, having been introduced in Europe in 1600, yet it has not been properly and consistently studied. I sometimes wonder if thuja being placed alphabetically so far down the list of remedies has anything to do with its not being studied as much as some of the remedies at or near the top of the list, such as aconite with its profound action upon the cerebrospinal nervous system, or arsenicum with its sudden and complete sinking of vital forces, or belladonna which acts chiefly upon the cerebrum, causing active congestion of the brain and its membranes, or bryonia which acts chiefly upon the serous membranes and their viscera, especially the pleura and lungs. Each remedy having a field of usefulness which could not be successfully substituted by any other known remedy.

"The main action of Thuja is in the genito-urinary organs, the anus, and on the skin. Thuja was Hahnemann's great remedy for sycosis, which is characterized by the formation of fig-warts, and condylomata upon the skin and mucous membranes, these being a combination of syphilis and gonorrhea. It produces irritation with acid secretions of a corrosive character with a dissolution of fluids and destruction of tissues,—hydrogenoid constitutions whose blood is morbidly hygroscopic.

"Hahnemann recognized three miasms which complicated the treatment of all disease. They were syphilis, psora and sycosis. Sulphur was his antipsoric; mercury his antisyphilitic; and thuja his antisycotic.

"Wherever there are false growths, foul discharges, relaxation or tendency to ulceration, thuja will be found to be one of our best remedies. Thuja may be given internally from the tincture to the thirtieth potency (Boericke); for local application the tincture or a cerate made from the tincture. The tincture may also be injected into large warts and other tumors."

AFTERTHOUGHTS OF THE STATE CONVENTION OF 1916*

Reported by the President, Dr. W. M. Honn

Now that the meeting has passed into history, for the benefit of those who did not attend or who were not able to do so, I wish to make a statement through the columns of the *Clinique,* our official organ.

The meeting was gratifying from every standpoint. The attendance, while not large, was composed of physicians from all over the State as well as from the city. I am sure they enjoyed the program to its fullest. Never before, I think, have we had as complete a program. Forty papers were to be presented and thirty-six essayists were present. One of the essayists was from Ohio and unable to attend on account of his own State meeting. All but six who were to lead in the discussions were present. The general discussions of the papers were interesting and complete. I am sure one would not soon find such a number of papers of so high order.

The banquet on Thursday evening was one of the largest we have ever had. No other form of entertainment could have been as interesting as the talk given by John T. McCutcheon.

A report would not be complete without mentioning the banquet of the After Dinner Club of Tuesday evening. The entertainment provided by Miss Maud A. Miner could not be excelled. She delighted the audience and a rising vote of thanks was tendered her.

Your ex-president thanks each one for the part rendered in making the meeting such a success.

Alcohol and the Doctor. Every physician to be qualified to practice medicine should be as familiar with the subject of alcohol and its effects on the body and mind as he is supposed to be with any other subject of corresponding importance. Furthermore, any physician who through ignorance or otherwise permits his patients to use alcohol as a beverage without pointing out the risk his patient is taking, falls short of his duty as much as the physician who would permit a healthy child to visit the home of another infected with a contagious disease.—*Jour. O. O. and L.*

---

*Published also in *The Clinique.*

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION

May 9 to 12, Chicago

The strong feature of this Association is its central meeting place each spring and its strong organization. The respective vice-presidents are assigned to specific work on program or organization and advance from vice-presidency to the presidency.

The society took definite action of the proposed Congress of States by adopting the following recommendations:

Dr. Parsons was the guest of the Association. He reported replies from twenty states and presented the following features:

A national direct federation of state and local society with the American Institute.

Organization of the Congress of States as a business body to elect officers.

Uniformity of dues.

National Press Bureau.

Medical Defense Fund.

Fellowship.

Dr. Willis A. Dewey of Ann Arbor presented stereopticon slides of fifty or more homœopathic hospitals in this country and abroad. These were representative of 101 accredited hospitals, of over 20,000 beds, requiring 248 interns, with a mortality of 4.3 per cent. These hospitals provide for 280,000 patients and represent a property value of more than $36,000,000.

The scientific program was well arranged and presented excellent papers, with lively discussions.

The officers for the ensuing year are Richard H. Street, Chicago, president; J. G. Barnhizer, Forrest, Ill., and Gilbert Fitz-Patrick, Chicago, vice-presidents; G. M. Cushing, Chicago, was re-elected secretary and Carleton A. Harkness, business manager; E. C. Sweet was unanimously acclaimed treasurer; and Belle Gurney elected censor, in the phrase of the nomination speech, "a live wire for a dead issue."

The Extra-Mural committee is one of the advance movements of the past few years. In their report before the society, the chairman of this committee, Dr. Neiberger, of Bloomington, reported the assurance from Hahnemann College of Chicago that the faculty at Hahnemann guaranteed a hospital internship to every graduate. The recommendations of the committee were that extraordinarily good work on the part of subordinates in a department be recognized by promotion in appointment. The further recommendations were made that the two following chairs be created: Physical Diagnosis and Genito-Urinary Diseases.

Dr. Mitchell presented an admirable report on standardization of laboratory work.

The following sentences are reported from papers presented:

"If you will give me eight homœopathic remedies, I will have

every case of whooping cough out of quarantine in twenty-one days." From a graduate of an old school college who has "adopted homœopathic therapy."

"Public welfare work in big business will tend to eliminate tuberculosis among employees. This may seem a temporary hardship to the individual, but the tuberculous individual ought not to be employed at inside work. The problem will then become where to find suitable occupation for such persons as are able to do certain kinds of work under favorable conditions." —Frank Wieland.

"*Homœopathy:* Let it stand for what we represent,—from an humanitarian and altruistic cause."—Annie W. Spencer.

"I believe that coffee should be entirely withheld as a beverage from the youth and middle aged and used only, as such, by those who are above middle age, and then only when it proves to be of benefit."—S. H. Aurand.

"In the treatment of poisoning by illuminating gas the first thing to do is to turn off the gas; in the treatment of nephritis the first thing to do is to cut off the supply of toxins."—Clifford Mitchell.

"Anoci-Association. Given two surgeons of equal technical ability, the one who can relieve his patient of the fear and anxiety which precedes the operation, and who by local anesthesia plus a minimum of ether and gentle manipulations, reduces the shock of the operation as well as to practically rob it of unpleasant after effects, such as nausea, gas pains, etc., is the better surgeon of the two."—G. M. Cushing.

"I believe neither the chronicity of the disease nor the age of the patient has any great bearing on the success of the treatment, as one of our best results was in a woman sixty-four years of age; another, a man twenty-nine years old with a perforation and discharging ear of over twenty years' duration. Another case of an otologist with perforation one and one-half years' duration, having a very extensive destruction, which was entirely restored after persistent treatment for several weeks."—Alva Sowers.

"The heroic cumulative effects of x-rays produce primarily a gradual atrophy of the cancer cells and later a granular degeneration and absorption of these cells. * * * * It is a simple, safe, painless non-disfiguring treatment. The burden should be upon other methods to show cause why x-rays should not be used in every case of uncomplicated skin cancer.—Emil H. Grubbé.

"In short, in every vocation of life, the squinter meets with an unusual handicap—he may be able to make good, but his looks are ever against him, and it requires a phenomenally high degree of talent to overcome the disfigurement."—W. E. Boynton.

"Very few children eat *enough* of the *right* kind of food, during the growing years, to supply the daily loss of tissue building elements, and at the same time have sufficient material for good strong teeth, bones and physical development."—Mary C. Cornell.

GENERAL NEWS

District of Columbia. The Local Committee, Dr. Kingsman, chairman, will maintain headquarters at the New Ebbitt, on Saturday, July first, to entertain members of the American Institute of Homœopathy who include the capital city in their summer schedule. An automobile ride is planned for one o'clock.

The Twelfth Annual Meeting of the National Association for the Study and Prevention of Tuberculosis was held May 11 and 12. Congressman Kent's bill for federal aid to the migrant stranded away from family and friends was up for discussion in the sociological section.

Florida. Dr. George Allen Davies, formerly of Jacksonville, Fla., announces removal to Eastport.

Illinois. The chief guest of the Illinois Homœopathic Medical Association at their recent meeting was Mr. John T. McCutcheon, at the annual banquet on the evening of May 11. Mr. McCutcheon related war experiences in France and Greece. The horrors of war were not mitigated even by the touches of humor interposed. Other guests were a representative from the Chicago Board of Health, who spoke in behalf of street car ventilation, Drs. Dewey and Parsons, representing the Institute, Mrs. C. T. Hood who spoke in behalf of Hospital Guilds, Miss Margaret Cross on War Nursing, and Miss Maud Miner, who gave a dramatic recital to the guests of the After Dinner Club on Tuesday evening.

Dr. Sweet, who has been treasurer for many years, was declared treasurer by unanimous voice without formality of ballot. Dr. Street was advanced to the presidency; Dr. Fitz-Patrick elected second vice-president; Dr. Gurney, necrologist, and the other officers continued.

The society adopted the following recommendations of the committee on the President's address:

1. That the work of the so-called Congress of States shall be along the line of organization and defense, rather than that of a house of delegates for the transaction of the executive business of the Institute;

2. That the delegates from this society go to the Institute session with a definite plan for such defense as may come to the individual member from the aggregate defense fund of a membership of three thousand or more contributing physicians.

The Riverview Medical Society of the Fox River Valley entertained the following guests from Chicago at their recent meeting at the Bishop House in Aurora: Drs. H. V. Halbert, E. H. Pratt, and Anson Cameron, each of whom presented a paper on his respective specialty, cardiac diseases, psychiatry and pediatrics.

The Evanston *News-Index* gives a half page appreciation to Dr. James Tyler Kent, who has recently retired from active practice. Dr. Kent's future home will be on his fruit farm in the Bitter Root Valley, Montana. The following is quoted from the *News Index:* "Dr. Kent has been one of the greatest educators as a homœopathic physician that that school has known since the days of Hahnemann and Hering. He has devoted a great portion of the last thirty-six years of his life to lecturing and writing. Among some of his greatest works was the Repertory of the Homœopathic Materia Medica, which is considered the standard among high potency homœopaths throughout the world. He was dean of the Post Graduate School of Homœopathy in Philadelphia for nine years, professor of materia medica at Hahnemann Medical College and Hospital in Chicago for six years and of the Hering Medical College and Hospital for some years thereafter, and considered the foremost living exponent of the school of homœopathy."

Hahnemann Medical College gave its usual varied program for the Spring Home Coming Day in connection with the state society. The morning program was operative clinics and the afternoon given over to a diagnostic clinic. Among the visitors from outside the state were Drs. George A. Jardine and W. A. Guild from Iowa; O. E. Glick from Indiana; F. C. Binnewies, Mary Ewing and Edith Bartlett from Wisconsin, and Agnes Weaver from Oklahoma.

Hahnemann Hospital has issued a folder of Rates and Rules for hospital service, which will strengthen its business policy. Rates run from $7.00 a week in the Children's ward to $5.00 a day in private rooms. Special fees vary from 10 cents for surgical dressings in the Dispensary to "x-ray examination, according to the nature of the case." The Hospital is open to all physicians, surgeons and specialists for the care of medical, surgical and maternity cases, subject to the printed rules. The familiar name of Groveland Avenue has been changed to Ellis. The total capacity is 139 beds.

Dr. H. R. Schofield, Dispensary Chief at the Hahnemann Hospital, reports for April:

Medical		Surgical		Gynecological		Pediatrics		Mental and Nervous	
New	Old	New	Old	New	Old	New	Old	New	Old
57	199	56	108	31	122	26	92	9	32
Eye and Ear		Nose and Throat		Venereal		Dermatology		Obstetrics	
New	Old	New	Old	New	Old	New	Old	New	Old
111	228	80	63	8	11	15	57	7	20

New patients	400
Old patients	932
Total	1,332

The Transportation committee reports three cars already reserved for the Baltimore session.

The Eclectics of Illinois in recent session elected Dr. E. G. Trowbridge, of Winnetka, president, and Dr. L. S. Spindel, Chicago, secretary.

The Expositor, of Brantford, Ontario, announces the death of the wife of Dr. J. R. Kippax, of that city. Dr. Kippax was for many years a leader in the homœopathic profession in Illinois. His many friends will extend their sympathy at this time.

Dr. S. H. Aurand announces removal of residence to 3013 Washington Boulevard. Dr. Aurand retains his office at 22 East Washington Street, giving special attention to office consultation.

Drs. Julia Strawn and Cecilia Kimball announce removal to 4642 Drexel Boulevard. In the near future their office quarters will be changed to 918 Marshall Field Building.

Dr. Frank Wieland was in Washington, D. C., in attendance upon the Twelfth Annual Meeting of the National Association for the Study and Prevention of Tuberculosis.

Dr. Richard Waalkes announces the opening of an office for the practice of medicine and surgery at 11139 S. Michigan Avenue, Chicago.

Dr. Emily S. F. Kirby of Bangor, Mich., announces removal to 420 Brook Street, Elgin.

Indiana. Dr. Barzilla M. Hutchinson announces change of address to Suite 10-11-12, Engeldrum Bldg., Mishawaka.

The National Conference of Charities in Indianapolis gathered in the foremost charity workers of the state as well as from the country. The following standards were urged: Sound management, social efficiency and financial integrity. Rev. Francis H. Gavisk of Indianapolis is a candidate for the executive committee.

The Indiana Institute of Homœopathy held its golden jubilee anniversary on the 16th and 17th of May. A social function included the wives and other friends of the profession.

Iowa. President Henry C. Aldrich was recently a visitor in Iowa City as consultant on a case at the German Lutheran Hospital.

The International News Service reports that the Iowa State Association condemns the State Board of Education for giving the old school hospital exclusive care of the crippled children of the state who should be cared for according to the Perkins law.

The guests of the Association were Drs. Willis A. Dewey of Ann Arbor, Michigan; C. D. Collins and Alexander Blackwood of Chicago.

Kansas. The Homœopathic Medical Society of Kansas held their annual meeting at Topeka, May 3rd and 4th. In the absence of the president, Dr. W. J. Gates, who is in South America, Vice-President Royer, of Wichita, presided.

Michigan. One strong feature of the State Society was the clinic under the supervision of Dr. G. H. Wells. The social event was Dean Hinsdale's smoker for the visiting doctors on the evening of the 15th.

The Western Michigan Society elected four delegates to represent that society at the Baltimore session: Drs. John N. Reynolds of Grand Haven, Wellington Huntley of Lowell, Maria W. Norris of Grand Rapids and A. E. Gesler of Saranac. Dr. D. B. Hagerman of Grand Rapids was appointed delegate to the State Society at Ann Arbor in May. Dr. W. C. Kirchgessner gave a paper on "The Vegetable versus the Mineral Sedative." Dr. A. L. Ruffe presented a paper on "Antimonium Tartaricum."

Minnesota. Dr. and Mrs. Henry C. Aldrich will spend the month of June in Philadelphia and Old Point Comfort until the day for assembling at Baltimore for the Institute session. Dr. Aldrich will be present at Commencement Exercises at Hahnemann of Philadelphia, where he won his degree thirty-five years ago.

New York. A pathological laboratory will be established in the fall at Hahnemann Hospital in Rochester. Dr. Ralph R. Mellon, whose name is familiar to readers of the JOURNAL, will have charge of the work. Dr. Mellon is a graduate of the University of Michigan. He has served the Michigan institution as Director in the Laboratory of Clinical Pathology. During the past year he has been doing graduate work at Harvard under Dr. Rosenau. As an instance of the right man in the right place, both Dr. Mellon and the Rochester hospital are to be congratulated.

The board of women managers of the Rochester Homœopathic Hospital, under the management of Mrs. James Crane, have sent 832 kits to the Red Cross, and have 1,500 waiting for oiled silk to complete the second installment. Each kit will contain a message written by Mrs. Charles Rolphs (Anna Katherine Green). One of the board members, Miss Coleman, is conducting first aid classes in the public school buildings.

Dr. John Arschagouni of New York City announces removal to 8 East 29th St.

The Repertory of the Symptoms of Diseases of the Respiratory Organs which is now being published in the *North American Journal of Homœopathy,* is the work of one of the ardent workers in homœopathic therapy, Dr. F. H. Lutze. Failing vision makes Dr. Lutze's work essentially a loyal gift to the profession.

Dean Brant reports already more than one hundred applicants for the freshman class entering in 1916, at the New

York Hospital and College for Women. The endowment fund now warrants the remodeling of the recently acquired property in 101st Street. Work will begin in July, and the building will be ready for occupancy in October. A complimentary luncheon was recently given to Dr. Anna Manning Comfort, a graduate of the class of 1865, and at one time a member of the faculty. Commencement exercises will be held at the Waldorf Astoria, June first. During Commencement week, there will be clinics in operative gynecology by Dr. Boyce and Dr. Rodenburg, in surgery by Dr. Crump, in internal medicine and pediatrics by Drs. Sullivan and Kahrs, and in electrotherapeutics by Dr. Wright. Commencement Week will end with the Alumnae banquet at the Savoy, on Friday evening, June second.

Ohio. The Ohio State Society was an enthusiastic endorsement of American Institute measures as embodied in the work of reorganization by Dr. Sawyer, revision of constitution and by-laws by Dr. Horner and federation by Dr. Parsons. Dr. W. E. Allyn of Chardon presented a popular paper on "Pathology of the Doctor's Pocketbook." The special entertainment features were a reception to visiting ladies at the Athletic Club, a general reception at the Hartman House and a motor ride to the University. Dr. T. A. McCann, of Dayton, was elected president. Other officers are Dr. J. E. Rowland, South Euclid, first vice-president; Dr. Martha McBride, Zanesville, second vice-president; Dr. J. G. Keiser, Columbus, secretary; Dr. T. T. Church, Salem, treasurer; Dr. H. E. Beebe, Sidney, necrologist.

Dr. W. H. Phillips gave a paper on "Sinus Work" and Dr. A. B. Schneider one on "Sequelae of Influenza" at the April meeting of the Cleveland Homœopathic. Dr. L. E. Siemon was host for the evening.

Oregon. Dr. Frank F. Casseday will present a paper for the June meeting, the subject being "Veratrum Album." There will be no meeting during the month of July. The Hahnemann Round Table is proving to be the most enjoyable medical society that ever existed in this state. Dr. John S. Bishop will give a paper at the August meeting.

Nearly a month ago a brother of Dr. Arthur L. Canfield, who resided on a ranch near Vancouver, Washington, after complaining for two days of a severe headache, started for Portland to consult Dr. Canfield, and after leaving his horse at a livery stable in Vancouver, left for the ferry to cross the Columbia River to Portland, and has never been seen or heard of since.

Pennsylvania. Five laymen and four local physicians have been named as trustees of the new John K. Lee Homœopathic Hospital of Johnstown. The hospital has come by legacy from Mrs. John K. Lee.

Hahnemann Hospital in Philadelphia will open a school for cripples in the orthopedic department. Systematic education will be given to children who are in the hospital for more than two months. The psychic as well as the pedagogic principle is involved. There will be an effort to have the work taken over eventually by the board of education and extended to all hospital wards.

Dr. Mary Cochran entertained the Women's Association in Pittsburgh in April. Drs. Coffin and Williams presented papers.

On April 26th the Allegheny County Homœopathic Medical Society held a social meeting which was in the nature of a testimonial dinner to Dr. Walter F. Edmundson, who has completed his forty-fifth year in the active practice of medicine. May 17th the regular meeting of the Allegheny County Homœopathic Medical Society was held. The paper for the evening was by Dr. T. Perrine Edmundson, entitled, "The Leucocyte Count in Abdominal Infections."

South Dakota. The state societies of the homœopathic and the eclectic practitioners met in joint session on the 27th and 28th of May at Sioux Falls. On the Tuesday evening preceding, a banquet was served at the Carpenter.

Texas. The recent destructive fire in Paris destroyed the library and most of the personal property of Dr. Reginald Leach. Dr. Leach would like to communicate with any one disposing of a library of homœopathic books.

Washington. The State Society is scheduled for June 15 to 18, at Tacoma. The usual varied program will be given with social and sight-seeing adjuncts. There is just time to attend this meeting and go on to the Institute session at Baltimore.

India. The faculty of the Homœopathic Medical College in Lahore opened the Punjab Homœopathic Hospital in February with a public reception to His Highness, Raja Fateh Bahadur, of Shekhupura, and Dr. Sarat C. Ghose of Calcutta.

CHANGE OF ADDRESS

From membership list in JOURNAL, December, 1915.

	Moved to
Anderson, Annie A.	4501 Beacon St., Chicago, Ill.
Arschagouni, John	8 E. 29th St., New York, N. Y.
Arthur, Daniel H.	225 W. 69th St., New York, N. Y.
Auwers, Jos. T.	2921 W. Harrison St., Chicago, Ill.
Butterfield, Arey A.	217 Gregory Ave., Passaic, N. J.
Chapin, Anna D.	5336 Monte Vista St., Los Angeles, Calif.
Crumrine, Charles G.	100 Delaware Ave., Detroit, Mich.
Daniels, Louis R.	27 Walcott St., Pawtucket, R. I.
Davies, George A.	Eastport, Fla.

Ghose, Sarat Chandra.....48 Chaulpati Road, Bhowanipur, Calcutta, India.
Harmount, Wm. C.....301 Second National Bank Bldg., Pittsburgh, Pa.
Hutchinson, Barzilla M...Suite 10, Engeldrum Bldg., Mishawaka, Ind.
Jewett, Stephen P.....River Crest Sanatorium, Astoria, L. I., N. Y.
Johnston, Hans H.....Morgantown, W. Va.
Kimball, Cecilia P. G.....4642 Drexel Blvd., Chicago, Ill.
Kirby, Emily S. F.....420 Brook St., Elgin, Ill.
Lindsley, Horace .....218 St. George St., St. Augustine, Fla.
Linnell, Edward H.....Thayer Bldg., Norwich, Conn.
Low, Frances .....Little Compton, R. I.
Merz, Henry G.....Gen. Del., Detroit, Mich.
Morley, Francis W.....237 Michigan St., Toledo, Ohio.
Morris, Frances M.....520 Beacon St., Boston, Mass.
Raymond, Bertha C.....2630 E. 74th St., Chicago, Ill.
Rice, Jesse A.....Odd Fellows Bldg., Sacramento, Calif.
Romaine, Hannah M.....1615 N. Normandie Ave., Los Angeles, Cal.
Runnels, Orange S.....1325 N. New Jersey St., Indianapolis, Ind.
Skinner, Harvey O.....1090 Goodrich Ave., St. Paul, Minn.
Smith, Frank E.....204 W. 55th St., New York, N. Y.
Strawn, Julia C.....4642 Drexel Blvd., Chicago, Ill.
Sullivan, J. Bailey.....1346 Lincoln Ave., Pittsburgh, Pa.
Taylor, Herbert E.....Gardner, Colo.
Waalkes, Richard .....11139 S. Michigan Ave., Chicago, Ill.
Wendel, John A.....4316 Lisbon Ave., Milwaukee, Wis.

OBITUARY

Happiness lies in breadth of heart. And breadth of heart is that inward freedom which has the power to understand, feel with, and, if need be, help others.

—Galsworthy.

Andrew J. Richardson, M. D., New York City. Dr. Andrew J. Richardson died on Monday, April 17th, 1916, at his home, 39 East 83rd St., in his sixty-ninth year. He was born in Sutton, Vermont; received his education at the Newbury, Vermont, Academy. He came to New York in 1867, and was graduated from the New York Homœopathic Medical College and Hospital in 1870. He was surgeon in the Hahnemann Hospital for five years, then attending physician in the Yorkville Homœopathic Dispensary for several years; also attending physician at the Baptist Home for the Aged, and New York Home for Intemperate Men.

He was a member of the New York County Homœopathic Medical Society and the State Homœopathic Materia Medica Society. He also has been a member of the American Institute of Homœopathy since 1890. He leaves a wife and two sons, Dr. Arthur H. and Bertram A. Richardson.

A. J. R.

Albert Waldo Forbush, M. D., Somerville, Mass. A member of the Institute since 1909. Dr. Forbush died in March, 1914. The notice of his death came to the JOURNAL office in May, 1916.

W. C. Tillitson, M. D., formerly of Rockville, Conn., died in Clamo, Oregon, March 14, 1916. Dr. Tillitson was a graduate of Hahnemann of Chicago in 1882, a true homœopath. He came to Oregon in search of health less than a year ago. Byron E. Miller.

Albert S. Smith, M. D., formerly of Louisville, Ky., died at the King's Daughters' Hospital in Madison, Ind., April 19, 1916.

John D. Zwetsch, M. D., Gowanda, N. Y. Dr. Zwetsch was killed suddenly in an accident, cutting short an unusually brilliant practice of thirty-five years. A member of the Institute since 1902.

The date of the death of Dr. John J. Detwiller, as published in the April JOURNAL, should have been February 28th, instead of the 29th.

SOCIETY PROGRAMS

KENTUCKY HOMŒOPATHIC MEDICAL SOCIETY

Programs reported by the Secretary, Dr. A. H. Seibert, Phoenix Hotel, Lexington, May 3 and 4, 1916.

The Second Prescription.....Lee Norman
The Simillimum .....L. I. Farmer
Homœopathy at the Ohio State University (Ilustrated).....
.....Claude A. Burrett
A Proving of Crategus.....A. E. Hinsdale
Bacillinum and Vaccines in Tuberculosis with Cases.....M. Dills
Atypical Typhoid .....F. C. Askenstedt
Homœopathic Remedies for Eye and Ear..... J. J. Wynn
Arteriosclerosis of Central Nervous System.....Lillian Askenstedt
Remedies in Stomach Troubles.....T. H. Hollingshead
Homœopathic Clinchers .....A. H. Seibert
Therapeutics of Cystitis.....Charles N. Cooper
The Physician and the High Infant Mortality.....J. P. Cobb
Simplified Infant Feeding.....J. T. Bryan
A Few Points Relative to Public Health.....J. E. Million
Clinical Cases ..... H. H. Wiggers
Surgery of the Kidneys.....James A. Davis
Thrombosis Following Abdominal Operations.....George S. Coon
Some Interesting Surgical Cases.....C. A. Fish
Albuminuria ..... H. P. Fischback
Anesthetics in The Puerperium.....M. E. Hopkins
Paper .....J. T. Bryan
Forceps vs. Drugs .....O. F. Miller
The Pregnant Woman.....C. C. Meade

THE ORIGINAL BY-LAWS

Adopted by the American Institute in 1845

1. The Institute shall hold at least one session in each year, at such time and place as may be determined upon from time to time.

2. The officers shall be elected annually by ballot, and a majority of all the votes shall be necessary to a choice.

3. It shall be the duty of the Chairman to preside at the meetings of the Institute, to preserve order therein, put all questions, announce the decisions, and appoint committees not otherwise ordained.

4. It shall be the duty of the General Secretary to organize the meetings and preside until a Chairman shall be elected, to keep a record of the proceedings of the meetings, answer all letters addressed to the Institute, open and maintain such correspondence as may tend to advance its interests, to give proper notice of the meetings of the Institute, to notify members of their election and sign certificates of membership.

5. It shall be the duty of the Provisional Secretary to assist the General Secretary, and in his absence to perform his duties.

6. It shall be the duty of the Treasurer to receive all monies belonging to the Institute, to make all necessary disbursements and report annually in writing.

7. Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of the Institute as to his good moral character and general standing, addressed to the committee on elections, and by them found properly qualified in the theory and practice of Homœopathia, and so reported to the Institute, may be elected a member thereof, upon the payment of two dollars.

8. A Committee of Elections consisting of five members shall be appointed by the Chairman at each annual session of the Institute, who shall act as such until others shall be appointed, whose duty it shall be to receive credentials of candidates, and report such as may be found properly qalified to the Institute for election, any three of whom shall constitute a quorum.

9. There shall be a Central Bureau for the augmentation and improvement of the Materia Medica, consisting of five members, to be appointed by the Chairman.

10. Certificates of membership shall be granted to such as are already members of the Institute on the payment of one dollar, and to new members on the payment of two dollars.

11. These By-Laws may be altered or amended by a vote of a majority of members present at any annual meeting.

BOOK REVIEWS

Therapeutic By-Ways. Being a collection of therapeutic measures not to be found in the text books collected from all sources. Condensed and arranged by Dr. E. P. Anshutz. 195 pages. Cloth, $1.00 net. Philadelphia, Boericke & Tafel, 1916.

This little handbook comes, like "Jottings," from the press of Boericke and Tafel. The reader is warned in the Preface that some things in the book appear "fantastic." But it is also true that we are so conventional that some things appear fantastic, merely because they are novel, and the average medical mind does not readily accept anything less than the material dose which is potent to produce immediate and obvious objective deviations from the normal. *S. M. H.*

Pocket Manual of Homœopathic Materia Medica. By William Boericke, M. D. Sixth edition. Revised, rewritten and enlarged; printed on elegant India bible paper and bound in handsome black flexible Morocco leather. A wonderfully compact volume containing 1293 pages, only 1⅛ inches in thickness and weighing less than fifteen ounces. Price, postpaid, $3.50. Boericke & Runyon, Publishers, 14 West 38th St., New York; 116 South 11th St., Philadelphia.

This sixth edition of Dr. Boericke's Materia Medica will be hailed with pleasure by all who have read, or better yet, have had the pleasure of sitting as a student under the instruction of this master in homœopathic therapeutics. The type, the paper and the contents combine to make it one of the books the busy physician can ill afford to be without. It is a book to leave lying open on the study table, ever inviting a few moments' pause to look up a remedy for that perplexing patient who does not respond directly, or to verify the remedy already chosen.

A valuable claim of this sixth edition is that it contains all the new remedies with verifications from contemporary journals. Dr. Oscar E. Boericke has contributed a repertory to this edition. This repertory follows the Hahnemannian order. The concluding sentence of the author's comment on the Repertory is worth repeating: "It is only by the persistent use of one repertory, that its peculiar and intricate arrangement gradually crystallizes itself in definite outline." Another sentence, (Rabe on "The Repertory") is a fitting accompaniment: "To those earnestly seeking a knowledge of homœopathy and its materia medica, the course in repertory analysis appeals. To those, on the other hand, who are prejudiced and not open to reason or argument, the course is farcical and a waste of time." The repertory is sure to add a special feature of interest in this new edition. *S. M. H.*

PROGRAM

American Institute of Homœopathy*

Sunday Evening, June 25, to Saturday, July 1, 1916
The Emerson—Baltimore, Maryland
Sunday, 8:30 P. M., Memorial Service, Exhibition Room

	Monday	Tuesday	Wednesday	Thursday	Friday
	Business Sessions daily in Exhibition Room. Special Features:				
9:00 to 10:15	President's Business Address	Congress of States Nominations	Election of Officers		
10:30 to 1:00	Materia Medica *Exhibition Room*	Homœopathy: College Alliance *Exhibition Room*	Clinical Medicine *Exhibition Room*	San. Science: U. S. Public Health *Exhibition Room*	Surgery and Gynecology *Exhibition Room*
2:30 to 6:00	Mat. Med. *Exhibition Room* Obstetrics *North Hall* Phys. Ther. *South Hall*	Homœopathy *Exhibition Room* Obstetrics *North Hall* Phys. Ther. *South Hall*	Clin. Med. *Exhibition Room* S. and G. *North Hall* Phys. Ther. *South Hall*	Pedology *Exhibition Room* S. and G. *North Hall* Clin. Res. *South Hall*	2 to 4: Pedology *Exhibition Room* San. Sci. *North Hall* D. and G-U. *South Hall*
8:30 P. M. 10:00 P. M.	Musicale and Address at Holliday Theatre Dancing in the Roof Garden	Sea Food Supper at Bayshore	Dinners: Seniors 6:00 P. M. Alumni 7:00 P. M. Fraternity 8:00 P. M.	Open for Individual Plans	Excursion down the Bay. 4:30 to 9:30 P. M.

Saturday, 9:00 A. M., unfinished business.

The afternoon sessions on Friday will begin at two and close at four, so that the excursion down the Bay may be made by daylight.

*List of officers and committees, pp. 6 and 8, *Journal Advertiser*.

REORGANIZATION

In behalf of business reorganization, President Aldrich recommends the consideration of the revision of the Constitution and By-Laws on Monday morning, and a preliminary hearing from the Federation delegates on Tuesday morning. Members are requested to assemble promptly at nine o'clock.

As special features in the bureau programs, the College Alliance will present a program on Tuesday morning in the bureau of Homœopathy, and on Thursday morning, Assistant Surgeon E. A. Sweet, of the United States Public Health Service, will give an address at eleven o'clock in the bureau of Sanitary Science.

The afternoon sessions on Friday will begin at two and close at four, so that the excursion down the Bay may be made by daylight.

THE PRESIDENT'S FOREWORD

On to Baltimore! On the twenty-fifth of next June, I hope to meet at the Institute session the largest gathering of the disciples of Hahnemann that has ever occurred in this or any other country.

Homœopathy needs to have all of its friends and supporters rally to its standard. Every Homœopathist needs the help that comes from association with fraters in his chosen profession.

The benefits that arise from a completed organization, such as is contemplated in the immediate future, is greatly enhanced to each individual by membership in the American Institute of Homœopathy.

Come to Baltimore and join in the good work.

Preliminary Congress of States. On Tuesday A. M., 9 to 10, will occur the Preliminary Congress of States, according to newly advanced ideas of Dr. Scott Parsons of St. Louis, which it is hoped will bring about closer relationship of our State and National Societies. At this Congress delegates from homœopathic societies, duly accredited by their officers, will take part in the discussions, and we trust some action beneficial to our organizations may be brought about.

BALTIMORE

Announcement by the Local Committee of Arrangements
Dr. Eldridge C. Price, Chairman

Hotel Emerson is official headquarters for the 1916 session. The hotel is the best adapted for conventions of any hotel in Baltimore. The management has made many concessions, and extends every courtesy to officers, members and visitors. It is located on the corner of Baltimore and Calvert Streets, in close proximity to the City Hall, the Court House, the Post Office, and many other buildings of interest and importance.

Special Automobile Feature

A special feature of this meeting will be the arrangement which the Local Committee has made to provide members with automobiles for short sight-seeing trips at odd times, when they are not attending either bureau or committee work. Members who have leisure may

call at the Bureau of Information, and upon request will have placed at their disposal automobiles for little runs through the city or out into the beautiful suburbs.

Trolley Rides

There will be an opportunity daily for those who have time to leave bureau and committee work to make the trolley trip to Annapolis. Badges will entitle the wearers to the special reduced rate. Tickets may be secured at the Bureau of Information. On arriving at Annapolis the Trolley Company will have guides in waiting to conduct parties through the Naval Academy grounds and the city, explaining all points of historic interest. The Company will also distribute handsome souvenirs of the occasion.

An opportunity will be afforded those interested, for a short visit to our Filtration Plant and our Sewerage Disposal Plant. The latter is one of the finest in the world.

An Important Meeting

Some may think there is no more reason why we should attend this meeting than any other of the many we have missed since we joined; but in this we are mistaken. This meeting will be characterized by a new departure from the usual routine of Institute work, and this new departure is an event in which each one of us should be vitally interested. The "new departure" is the initiation of a movement which contemplates the consolidation of our State homœopathic organizations into one body; and the object of this consolidation is the positive perpetuation of the homœopathic profession, and the unification of interests and protection of the individual members of that great profession.

Of some 20,000 practitioners of homœopathy in this country, only about 3,000 are members of our National Society. This means, either, that there is something wrong with the Society or with the individuals who are not members. In all our State Societies every individual member in the given State has an opportunity and the right to lift up his voice for what he conceives to be right. When the great consolidation is completed, every State society will have representation and a voice in the molding of a policy for "the greatest good to the greatest number," and this voice will but express the common wish of the individuals composing the various State Societies. It will, therefore, be possible for the great composite individual to right whatever is wrong with our National Society, or the National Society will be able to right whatever may be wrong with the individual. It is to be hoped that every member of the Institute will earnestly endeavor to attend the convention, and enter actively into this great work of consolidation.

Other Important Matters.

Further, the work of this year will be of unexcelled quality, each bureau being replete with the best products to be found in the field represented. The latest thoughts in both medicine and surgery will

be advanced, and whether it be chiefly homœopathic therapeutics or physical therapeutics, or some surgical specialty, we all shall have the opportunity to ride our own beautiful hobbies and also to see the absurdities of other hobby riders.

The Work of the Local Committee

The serious problems of life will not claim all our time, however. The Local Committee of Arrangements has not forgotten that in the lives of all men and women there is a time for play, and in the diversions to be provided for us we find music of the best composers, dancing, excursions, outings into the beautiful suburban valleys around Baltimore for private parties, collations of greater or less gastronomic attractiveness, and many other things not to be here set down, but all of which will be for the success of homœopathy and of its individual votaries.

Baltimore the Convention City.

Some of us know there is such a place as Baltimore, but we know nothing of its character. To enlighten us a thirty-two page booklet has been sent to each individual member of the Institute, and should have been received by this time; and now that we have all read it with interest and given the consolidation plan our consideration, it is to be hoped we will with one accord hesitate no longer, but decide as one man—and one woman, too, of course—to attend the next convention of the American Institute of Homœopathy, the oldest National medical organization in this country, which will be held during the week of June 25th, 1916, at the Hotel Emerson, in the historic city of Baltimore.

MEMORIAL SERVICE

Sunday, 8:30 P. M. Exhibition Room

Prayer by Rev. John B. Van Meter.
Music by quartette.
Brief Address by George T. Shower, in charge of Memorial Exercises.
Music by quartette.
Report of Necrologist. Reuben A. Adams, Rochester, N. Y.
Memorial Address. E. H. Pratt, Chicago.
Music by quartette.
Benediction.

In Memoriam

With date of joining the Institute

Eugene W. Beebe, 1870.
James A. Bennett, 1881.
Arthur F. Bissell, 1853.
Alonzo P. Bowie, 1871.
John W. Branin, 1891.
Amelia E. M. Burroughs, 1883.
Israel B. Chantler, 1912.
Sarah J. Millsop, 1887.
Anton E. Neumeister, 1908.
Arthur W. Palmer, 1892.
Andrew J. Richardson, 1890.
Thomas Shearer, 1867.
Charles N. Shellenberger, 1893.
Lewis Sherman, 1875.

Charles A. Church, 1871.
Charles H. Colgrove, 1892.
M. Louisa Cummings, 1881.
J. B. Gregg Custis, 1879.
John J. Detwiller, 1858.
George M. Dillow, 1883.
Albert W. Forbush, 1909.
Gertrude Gooding, 1890.
Herbert A. Harrison, 1897.
Frank D. Harter, 1912.
William G. Hartley, 1901.
Robert B. House, 1875.
Duncan Macfarlan, 1891.
Standley G. Small, 1900.
Winfield S. Smith, 1894.
George W. Spencer, 1912.
George P. Sword, 1900.
Charles M. Thomas, 1875.
Gabriel F. Thornhill, 1910.
Phillippina Wagner, 1893.
Ziba D. Walter, 1872.
George H. Wilkins, 1886.
Ida M. Wright, 1912.
Franklin D. Worcester, 1895.
David B. Umstead, 1906.
John D. Zwetsch, 1902.

Monday, 8:30 P. M. Holliday Street Theatre.

Presiding Officer, First Vice-President, T. Edward Costain.
Music by Orchestra.
Opening Remarks and Introduction of Speakers, by Eldridge C. Price, Chairman of Local Committee of Arrangements.
Addresses of Welcome to State of Maryland and City of Baltimore, by prominent citizens. (Address limit, 5 minutes.)
Music by Orchestra.
Response on Behalf of American Institute of Homœopathy, by Second Vice-President, Cornelia C. Brant.
Music by Orchestra.
Annual Address by the President, Henry C. Aldrich.
Music by Orchestra.
Adjournment to Hotel Emerson: Reception and Dancing, Roof Garden.

Tuesday

Leave Hotel Emerson at 6:15 p. m. to join Meissen at Bay Shore Park, where a sea food supper awaits.

Wednesday Dinners

Seniors, 6:00 p. m. Alumni, 7:00 p. m. Fraternities, 8:00 p. m.

Thursday Evening

(To be announced later.)

Friday Afternoon, 4 P. M.

Steamboat Excursion down Chesapeake Bay. Landing at some point of interest. Return during evening: Dancing; Minstrels, etc. Light refreshments served.

The Hospitality of Washington.

The Washington Homœopathic Society, through its representative, Dr. Richard Kingsman, 711 E. Capitol St., has arranged for a day's pleasure in Washington. Saturday, July first, has been determined upon. Headquarters will be established at the New Ebbitt. A committee will be on hand to furnish information about all that will contribute to a day of pleasure. The committee will arrange for an automobile ride, leaving the hotel at one o'clock.

Arrangements will be made for those who wish to play golf.

Visitors wishing to remain longer than the day in Washington will aid the committee by communicating with the Chairman in advance so that suitable arrangements for the traveler's comfort may be arranged.

Registration and Dues

The registration desk is in the Lobby between the elevators and the stairs to the Mezzanine. The member's or visitor's badge is necessary to secure the special privileges accorded to the Local Committee of Arrangements. Do not fail to register on the first day of your attendance.

The Treasurer's desk is close by the Registrar's. You cannot vote for officers on Wednesday, unless your dues for 1915-1916 are paid. Give the Institute a good financial backing by prompt payment of dues.

Information

Adjoining the Registrar and Treasurer, is the headquarters of the Local Committee, with attendants to answer all inquiries relating to matters of local interest. Register here your free hour for an automobile ride, or make inquiries for routes to immediate places of interest.

Meeting of the Seniors

A meeting of the Seniors is called for Monday afternoon in room 323. The hour will be announced at the morning session.

Thomas Franklin Smith, Secretary.

List of Those Who Joined the Institute in 1891 and Become Seniors in June, 1916.

1. Paul Allen.....59 W. 49th St., New York, N. Y.
2. Grover T. Applegate....5 Livingston Ave., New Brunswick, N. J.
3. John Arschagouni.....47 E. 29th St., New York, N. Y.
4. Jerome L. Artz.....3000 Westfield Ave., Camden, N. J.
5. James S. Barnard.....363 Oxford St., Rochester, N. Y.
6. William H. Bishop.....667 Madison Ave., New York, N. Y.
7. Mary Branson.....1504 Locust St., Philadelphia, Pa.
8. M. Belle Brown.....Troy, Ohio.
9. Thos. H. Carmichael...7127 Germantown Ave., Philadelphia, Pa.
10. Ada Carr.....811 E. 23rd St., Paterson, N. J.
11. Edward Chapin.....21 Schermerhorn St., Brooklyn, N. Y.
12. Rufus Choate.....3267 O St., N. W., Washington, D. C.
13. Adaline B. Church.....Winchester, Mass.
14. Charles W. Clark.....455 Huron St., Toronto, Ont.
15. Isaac Crowther.....800 Madison St., Chester, Pa.
16. Leonidas A. L. Day.....29 E. Madison St., Chicago, Ill.
17. Richard G. DePuy.....Jamestown, N. D.
18. Charles N. Dunn.....300 E. Broadway, Centralia, Ill.
19. Byron L. Dwinnell.....Taunton, Mass.
20. Nathaniel W. Emerson..295 Commonwealth Ave., Boston, Mass.

21. William A. Geohegan...3026 Price Ave., Cincinnati, O.
22. Amos J. Givens.....Stamford, Conn.
23. Ella D. Goff.....Diamond St., N. S., Pittsburgh, Pa.
24. Lewis B. Griffith.....2449 Columbia Ave., Philadelphia, Pa.
25. John L. Hanchette.....421 Iowa Bldg., Sioux City, Iowa.
26. Judson E. Hetherington..Cody's, New Brunswick, Can.
27. Lucy C. Hill.....492 N. Main St., Fall River, Mass.
28. Margaret Hislop.....3 North Ave., Lake Bluff, Ill.
29. Charles H. Hubbard....1415 Chestnut St., Chester, Pa.
30. O. Edward Janney.....825 Newington Ave., Baltimore, Md.
31. Charles B. Keeler.....New Canaan, Conn.
32. William H. King.....64 West 51st St., New York, N. Y.
33. Richard Kingsman.....711 E. Capitol St., Washington, D. C.
34. Abraham L. Kistler.....9th & Linden Sts., Allentown, Pa.
35. Clarence H. Leland.....202 Merrimac St., Lowell, Mass.
36. Thomas L. Macdonald...1501 Mass. Ave., N. W., Washington, D. C.
37. Charles A. Macrum.....513 Eilers Bldg., Portland, Ore.
38. Daniel P. Maddux.....Eighth & Madison Sts., Chester, Pa.
39. G. Forrest Martin.....Wyman's Exchange, Lowell, Mass.
40. Lynn A. Martin.....177 Washington St., Binghamton, N. Y.
41. Charles R. Mayer.....919 St. Charles Ave., New Orleans, La.
42. George W. McDowell...40 E. 41st St., New York, N. Y.
43. Frank P. McKinstry.....Washington, N. J.
44. Arkell R. McMichael...971 Madison Ave., New York, N. Y.
45. Joseph W. Means.....Troy, Ohio.
46. Mary E. Mosher.....The Warren, Roxbury, Boston, Mass.
47. Milton L. Munson.....1503 Pacific Ave., Atlantic City, N. J.
48. Anna C. Palmer.....Mattapan, Mass.
49. Charles A. Pauly.....Union Trust Bldg., Cincinnati, Ohio.
50. Trimble Pratt.....Media, Pa.
51. Eldridge C. Price.....1012 Madison Ave., Baltimore, Md.
52. George H. Quay.....820 Rose Bldg., Cleveland, Ohio.
53. George W. Richardson..138 E. 79th St., New York, N. Y.
54. Marcena S. Ricker.....58 Lorimer St., Rochester, N. Y.
55. Franklin E. Robinson...Carthage, N. Y.
56. George Royal.....322 Good Block, Des Moines, Iowa.
57. Carl Schumann.....Delhi, N. Y.
58. William A. Seibert.....501 Northampton National Bank Building-Easton, Pa.
59. Bevier H. B. Sleght.....644 Clinton Ave., Newark, N. J.
60. George R. Smith.....Masonic Temple, Dover, N. H.
61. Walter C. Sooy.....1921 Pacific Ave., Atlantic City, N. J.
62. William Spencer.....1623 Walnut St., Philadelphia, Pa.
63. Frank A. Strawbridge...Sigourney, Iowa.
64. George A. Suffa.....220 Clarendon St., Boston, Mass.
65. Lyman B. Swormstedt...2 Thomas Circle, N. W., Washington, D. C.
66. Irving Townsend.....150 W. 59th St., New York, N. Y.
67. Edward G. Tuttle.....61 W. 51st St., New York, N. Y.
68. Arthur O. Ullrey.....Niles, Mich.
69. Charles Ver Nooy.....485 Central Park, W., New York, N. Y.
70. John McE. Ward.....2139 N. 19th St., Philadelphia, Pa.

71. Clement A. Weirick.....29 E. Madison St., Chicago, Ill.
72. Bertrand K. Wilbur.....Rosemont, Pa.
73. Rebecca W. Wiley.....118 Court St., Laconia, N. H.
74. George H. Wright.....Forest Glen, Md.

Wednesday Evening Dinners

Consult the Bulletin in the Lobby for announcements.

Alpha Sigma: Special fraternity dinner Wednesday night, June 28th. All arrangements and instructions will be given at Alpha Sigma headquarters at Hotel Emerson.

W. H. Dieffenbach.
J. R. McCleary.

Phi Alpha Gamma will hold the annual reunion dinner on Wednesday evening, probably at the Emerson.

T. Drysdale Buchanan.

Pi Upsilon Rho: The annual meeting of Pi Upsilon Rho (Ustion) Fraternity will be held during Institute week in Baltimore. The banquet will be given on Wednesday night at the Emerson.

LeRoy Thompson.

Institute Fraternity. The medical women of the Institute are invited to report at headquarters in Room 1509 during the day on Monday and to assemble for a brief business meeting at six o'clock, Monday.

The dinner on Wednesday is in charge of Dr. Cora Smith King. The annual business meeting will be held at the close of the dinner.

Mary Claggett Cornell.
Marie Louise Hunt.

The Meissen: The wives and other guests of the members of the Institute are urged to register early in the Tea Room on the Lobby floor and secure programs of the business meetings and the social engagements. Mrs. George W. DeHoff, 2020 N. Calvert St., Baltimore, is Chairman of Hospitality. Mrs. A. H. Gordon, of Chicago, is President, and Mrs. T. Edward Costain, Secretary.

PRESS HEADQUARTERS

Every essayist who has not already forwarded his paper to the Chairman of the Press Committee is urged to leave one or two carbon copies with Dr. Parsons at Press Headquarters in the Lobby. Mr. McGahan, of Philadelphia, who reported the proceedings at Atlantic City, in 1914, will be in charge of press reports. Do not neglect this courtesy to the Institute management.

EXHIBITS

All preliminary enquiries relative to the Exhibits should be sent to the Secretary of the Institute, 917 Marshall Field Building, Chicago, or to Dr. Philip B. Towler, 1432 William St., Baltimore.

The exhibitors bring you their best products. Give them an audience.

In order of application for space, the following assignments have been made:

Horlick's Malted Milk. Space 4.
The Chas. H. Phillips Chemical Company. Space 2.
Mellin's Food Company. Space 1.
Hahnemann Medical College of Philadelphia. Space 10.
Boericke and Tafel. Space 5.
P. Blakiston Company. Space 9.
The Denver Chemical Manufacturing Company. Space 6.
H. K. Mulford Company. Space 3.
New York Hospital and College for Women. Space 13.
College of Homœopathic Medicine, Ohio State University. Space 14.
Pulvola Company. Space 12.
Boston University School of Medicine, Space 16.

BUSINESS OF THE INSTITUTE

Business Sessions. Business every morning from nine to ten-fifteen in the Exhibition Room. Every member who pays dues has an interest in the way the money is spent. Come to the business meetings.

Voting. In order to vote for nine new officers, your dues, 1915-1916, must be paid. Verify your financial standing at the Treasurer's desk in the Lobby.

Registration. Your friends cannot find you unless you register. Register early and wear your badge.

ELECTION OF OFFICERS

The officers to be elected are president, two vice-presidents, secretary, treasurer, registrar, three trustees and one censor.

Any member may present a nominee. A nominee must be endorsed by ten members. No member may endorse more than one name for each officer. Nomination cards may be obtained from the Secretary.

Nominations, properly endorsed, must be in the hands of the Secretary on Tuesday morning at ten o'clock. Election of officers, Wednesday morning from ten to twelve.

Reorganization and Federation. Important changes are under consideration. Read carefully the Report of the Revision Committee which has been mailed during the month of May to every member of the Institute. Read the plans submitted for Federation by Dr. Parsons, the special appointee of the Council on Medical Education (Jour. Amer. Inst. Homœo., Feb., 1915, p. 913) and that on Reorganization by Trustee Sawyer (J. A. I. H., Mar., 1915, p. 1055); also correspondence and addresses thereupon in the Journal during the past three months. The business meetings are important and should command the best judgment of the membership.

INVITATION TO SEND DELEGATES

To the Presidents of State and Local Societies.

From Scott Parsons, M. D., Special Representative, Council on Medical Education

There will be a meeting of the Congress of States at the Baltimore session of the American Institute, Tuesday, June 27th, at 9 a. m.

At this meeting the question of federating our state and local societies with the American Institute will be considered. Ways and means for bringing about this most important movement will be presented, and it is desirous that every state and local society have representation at this Congress.

Will you kindly appoint two or more delegates from your society, *who are members of the American Institute, and who you know will attend?*

Federation has the approval of the Board of Trustees of the American Institute and has been sanctioned by the majority of the state societies, and we are desirous to launch the project at Baltimore. Will you kindly give this your earnest consideration?

DELEGATES TO PRELIMINARY CONGRESS OF STATES

So far as announced to the Secretary

Massachusetts State.	DeWitt G. Wilcox, Boston. George B. Rice, Boston. G. Forrest Martin, Lowell.
Eastern Ohio.	H. F. Staples, Cleveland. J. E. Rowland, South Euclid. G. J. Damon, Medina. J. R. Horner, Cleveland.
Rock River.	W. F. Spencer, Geneseo, Ill. J. L. Snavely, Sterling, Ill.
North Western.	A. E. Smith, Freeport, Ill. Richard H. Street, Chicago.
Illinois State.	Joseph P. Cobb, Chicago. Wm. M. Honn, Champaign.
Chicago Homœopathic.	Gilbert FitzPatrick, Chicago. B. A. McBurney, Chicago.
After Dinner Club.	Mary E. Hanks, Chicago. Sarah M. Hobson, Chicago.
Western Michigan.	J. N. Reynolds, Grand Haven. W. B. Huntley, Lowell. Maria W. Norris, Grand Rapids. *A. E. Gesler, Saranac.
Wisconsin State.	Mary M. Hopkins, Oconto. Edith V. Bartlett, Janesville. John E. Guy, Milwaukee.
Kentucky State.	F. C. Askenstedt, Louisville. H. P. Fischbach, Newport.
Indiana State.	Sollis Runnels, Indianapolis. H. A. Adams, Indianapolis. Alternate, C. R. Armstrong, Thornton.
Michigan State.	Dean W. Myers, Ann Arbor. R. Milton Richards, Detroit.

New York State. J. M. Lee, Rochester.
J. I. Dowling, Albany.
R. F. Rabe, New York.

If one delegate is assigned to each twenty-five members, the following twenty-two are named:

Delegates—	Alternates—
Dowling, J. I., Albany, N. Y.	Van Loon, A. B., Albany, N. Y.
Martin, L. A., Binghamton, N. Y.	Jenkins, G. H., Binghamton, N. Y.
Fiske, E. R., Brooklyn, N. Y.	*Hopke, F. E., Brooklyn, N. Y.
Upham, Roy, Brooklyn, N. Y.	Minton, H. B., Brooklyn, N. Y.
Lewis, Fred D., Buffalo, N. Y.	Schley, R. M., Buffalo, N. Y.
Rieger, Jos., Dunkirk, N. Y.	Vosburg, W., Dunkirk, N. Y.
*Howland, R. B., Elmira, N. Y.	Piper, S. S., Elmira, N. Y.
Moffat, J. L., Ithaca, N. Y.	Robbins, F. C., Hornell, N. Y.
Clark, Bert B., New York City.	Besemer, H. B., Ithaca, N. Y.
Crump, W. G., New York City.	Carleton, Sprague, New York City.
Dieffenbach, W. H., New York City.	Fobes, J. H., New York City.
Honan, W. F., New York City.	Foster, H. A., New York City.
Rabe, R. F., New York City.	Laidlaw, G. F., New York City.
Hodge, Wm. H., Niagara Falls, N. Y.	Stearns, G. B., New York City.
Bidwell, G. I., Rochester, N. Y.	*Wilson, W. L., Niagara Falls, N. Y.
*Jewett, D. B., Rochester, N. Y.	*Button, L. L., Rochester, N. Y.
Lee, J. M., Rochester, N. Y.	*Dake, W. E., Rochester, N. Y.
Sherwood, B. W., Syracuse, N. Y.	Hoyt, H. W., Rochester, N. Y.
Grant, A. R., Utica, N. Y.	*Hoyt, G. W., Syracuse, N. Y.
Randall, E. G., Waterville, N. Y.	*Irish, J. H., Syracuse, N. Y.
Helmuth, W. T., New York City.	Wiley, O. M., Syracuse, N. Y.
Wilson, J. E., New York City.	Johns, M. W., Utica, N. Y.

*Not a member of the American Institute of Homœopathy.

WORKING RULES

Selected from the By-Laws

This Institute shall hold at least one session each year, at such time and place as may be determined upon from time to time by the Board of Trustees.

The Officers shall enter upon their respective duties September 26 of each year, which date shall be known as Incorporation Day. No one shall be eligible to the office of President until he has been a member at least ten years, or to any other elective office until he has been a member five years.

The Board of Trustees shall have power to perform all the duties provided in Article III of the Constitution, shall arrange the business of the session and such matters as are not otherwise provided for, and perform such duties as by vote of the Institute may devolve upon it. It shall have power temporarily to fill any vacancies occurring among the elective officers.

The time allotted to any committee for the presentation of its report shall *not exceed fifteen minutes. No report shall be received from any committee except in writing.*

In all discussions no speaker shall be allowed more than five minutes, nor to speak more than once upon the same subject, except by vote of consent taken in the usual manner.

BUSINESS SESSIONS

Exhibition Room, Monday, 9:00 to 10:15 A. M.

Call to order.
Business Address. President Henry C. Aldrich.
Appointment of committee on President's address.
Vice-President T. Edward Costain.
Adoption of the order of business.
Appointments to fill vacancies on standing committees.
Report from the Board of Trustees. By the Secretary.
Report of the Treasurer. Thomas Franklin Smith.
Appointment of the Auditing committee.
Report of the Committee on Organization, Registration and Statistics.
Chairman Thos. Franklin Smith.
Report on the Institute Journal. Trustee John P. Sutherland.
Report of the Finance Committee. Trustee Charles E. Sawyer.
Report of the Board of Censors. Chairman A. C. Cowperthwaite.
Election of new members.
Report of Committee on Local Arrangements. Chairman Price.
Report of Press Committee. Chairman Parsons.
Report of the Committee on General Revision of the Constitution and By-Laws. Chairman J. Richey Horner.
Report of the Committee on Amendment Art. I, Constitution.
Chairman James Krauss.
Report of the Committee on Resolutions and Business.
Chairman A. B. Norton.
Announcements.

Tuesday, 9:00 to 10:15 A. M.

Preliminary Congress of States. 9 to 10 A. M.
10:00 A. M. Nominations for Officers: According to the present by-laws, President, First and Second Vice-President one year each; Secretary-Treasurer and Registrar, three years each; and three trustees, three years each; Censor for five years.
Appointment of three Election Inspectors.
Report of the Transportation Committee. Chairman C. A. Harkness.
Report of the Auditing Committee.
Report of Committee on the President's Address.
Report of Committee on Resolutions and Business.
Chairman Norton.
Unfinished business.
New business.
Announcements.

Wednesday, 9:00 to 10:15 A. M.

Report of Censors. Chairman Cowperthwaite.
Election of new members.
Committee reports:
International Homœopathy. Chairman George B. Peck.

Hahnemann Monument. Chairman Cora Smith King.
Pharmacopœia. Chairman Thos. H. Carmichael.
New Members. Chairman R. Milton Richards.
Permanent Endowment. Chairman Wm. H. Dieffenbach.
College Alliance. Trustee Hinsdale.
Resolutions and Business. Chairman Norton.
Unfinished business.
New business.
Announcements.
10:00 till noon. Election of officers.

Thursday, 9:00 to 10:15 A. M.

Report of Election Inspectors.
Report of Censors. Chairman Cowperthwaite.
Election of new members.
Committee reports:
Medical Examining Boards and Medical Legislation. Chairman T. A. McCann.
National Legislation. Chairman Charles E. Sawyer.
Joint Conference Committee. Chairman Herbert D. Schenck.
Conference with Eclectic Medical Association. Chairman Thos. H. Carmichael.
American College of Surgeons. Chairman Jas. C. Wood.
Homœopathic Hand Book. Chairman Royal S. Copeland.
Council on Medical Education. Chairman Geo. Royal.
Resolutions and Business. Chairman Norton.
Unfinished business.
New business.
Announcements.

Friday, 9:00 to 10:15 A. M.

Report of Censors. Chairman Cowperthwaite.
Election of new members.
Committee reports:
Drug Proving. Chairman B. F. Bailey.
Interstate. Chairman E. Arthur Carr.
Place of Meeting, 1917. Trustee Miller.
Report from League to Enforce Peace.
Delegates Frank A. Swartwout and Louise Ross.
Final Reports of Completed Bureaus:
Materia Medica. Chairman Albert E. Hinsdale.
Homœopathy. Chairman Mary E. Hanks.
Clinical Medicine. Chairman Daniel E. S. Coleman.
Clinical Research. Chairman Fritz C. Askenstedt.
Report of Committee on Resolutions and Business. Chairman Norton.
Unfinished business.
New business.
Announcements.

Saturday, 9:00 A. M.

Final report of Censors.
Election of new members.
Final Reports of Bureaus:

Pedology. Chairman Francis H. MacCarthy.
Sanitary Science. Chairman Florence A. Richardson.
Dermatology and Genito-Urinary. Chairman E. Everett Rowell.
Report of Committee on Resolutions and Business. Chairman Norton.
Unfinished business.
Adjournment.

BUREAUS AND AFFILIATED SOCIETIES

BUREAU OF MATERIA MEDICA AND GENERAL THERAPEUTICS

Albert E. Hinsdale, Chairman. Columbus, Ohio

Monday, 10:30 A. M. to 1:00 P. M., 2:30 to 6:00 P. M.

Exhibition Room

Chairman's Address.

1. Therapeutics of Exophthalmic Goiter. W. A. Dewey, Ann Arbor.
2. Arnica. Roy Wolcott, Columbus.
3. Palliation: Its Uses and Abuses by Homœopaths. Geo. Royal, Des Moines, Iowa.
4. Alternation of Homœopathic Remedies. T. H. Carmichael, Philadelphia.
5. Place of Homœopathy in General Science. W. S. Hastings, Chicago.
6. Reliable Indications and Therapeutic Uses for a few of the Lesser Known Remedies. R. F. Rabe, New York.
7. (Title to be announced.) W. B. Griggs, Philadelphia.
8. A Psychological Method of Review in the Teaching of Homœopathic Materia Medica. W. F. Baker, Philadelphia.
9. Therapeutics of Hemorrhage. Carl A. Schulze, Columbus, Ohio.
10. Therapeutics of Nephritis. Justin E. Rowland, South Euclid, Ohio.
11. Atropin. Howard P. Bellows, Boston.
12. Limitations of Medicine. W. H. Hanchette, Sioux City, Iowa.
13. The Morphological Base of the Pathogenesis of Bryonia. A reproving conducted on unusual lines. Philip Rice, San Francisco.

BUREAU OF HOMŒOPATHY

Mary Elizabeth Hanks, Chairman, Chicago.

Tuedsay, 10:30 A. M. to 1:00 P. M. and 2:30 to 6:00 P. M.

Exhibition Room

Chairman's Address.

1. Homœopathic Properties and Institutions. Illustrated by stereopticon slides. Presented by W. A. Dewey, for the Council on Medical Education.

Program from the College Alliance

2. The Immediate Need of the Homœopathic Colleges and the Function of the College Alliance. Royal S. Copeland, New York City.
3. Symposium. The Individual College: Its Appeal to the Prospective Medical Student; what it is Accomplishing for the Cause of Homœopathy; its Hope of the Future.
   Dean Brant. New York Hospital and College for Women.
   Dean Burrett. College of Homœopathic Medicine, Ohio State University.

Dean Cobb. Hahnemann Medical College of Chicago.
Dean Copeland. New York Homœopathic College and Flower Hospital.
Dean Hinsdale. Homœopathic Medical School, University of Michigan.
Dean Hudson. Southwest School of Medicine and Hospital.
Dean Pearson. Hahnemann Medical College of Philadelphia.
Dean Royal. Homœopathic Medical College of the University of Iowa.
Dean Sutherland. Boston University School of Medicine.
Dean Ward. Hahnemann Medical College of the Pacific.

In the absence of any of the Deans, some other representative will be secured.

Afternoon Session.

4. **Hahnemann's Homœopathy.** John P. Sutherland, Boston.
   Discussion opened by Edw. Beecher Hooker.
5. **Comparative Therapeutics: Homœopathic and Traditional.** Julia C. Strawn, Chicago.
   General discussion opened by Fritz C. Ashenstedt.
6. **Diabetes: Its Rational Treatment.** An illustration of the homœopathic principle. Donald Macfarlan, Philadelphia.
7. **Homœopathic Verifications from the Laboratories: A Symposium** conducted by Dr. Watters, Boston.
8. **Homœopathy of the Future.** Claude A. Burrett, Columbus, Ohio.
9. **The State Board Problem.** Thomas A. McCann, Dayton, Ohio.
   Discussion opened by L. E. Siemon, Cleveland.
10. **The Legislative Problem.** W. Henry Wilson, Chicago.
    Elaborated by Edward L. Nesbit.

BUREAU OF CLINICAL MEDICINE

Daniel E. S. Coleman, Chairman, New York.

Donald Macfarlan, Secretary, Philadelphia.

Wednesday, 10:30 A. M. to 1:00 P. M., and 2:30 to 6:00 P. M., Exhibition Room.

Chairman's Address.

1. **Some Matters Relating to Diet in the Management of Chronic Illnesses.** Clarence Bartlett, Philadelphia.
   Discussion: Spencer Carleton, New York; Donald Macfarlan, Philadelphia, and Henry B. Minton, New York.
2. **Tonsils.** Royal S. Copeland, New York City.
   Discussion: L. Evans Hetrick and Rudolph F. Rabe, New York City.
3. **The Diagnosis of Myocarditis.** William A. Geohegan, Cincinnati.
   Discussion: William H. Price, Brooklyn, N. Y., and John P. Rand, Worcester, Mass.
4. **The Busy Man and High Blood Pressure.** Homer V. Halbert, Chicago.
   Discussion: Benjamin F. Bailey, Lincoln, Neb., and W. B. Hinsdale, Ann Arbor, Mich.

5. **The Elements of Scientific Medicine.** James Krauss, Boston, Mass.
   Discussion: Clarence Bartlett, Philadelphia, and John P. Sutherland, Boston, and Guy B. Stearns, New York City.
6. **The Successful Treatment for Hay Fever.** George F. Laidlaw, New York City.
   Discussion: Royal S. Copeland, New York City; Harold A. Foster, New York City, Frederic K. Hollister, New York City and George W. Mackenzie, Philadelphia.
7. **Hodgkin's Disease.** Ralph R. Mellon, Brookline, Mass.
   Discussion: Harlan G. Wells, Philadelphia, and Conrad Wesselhoeft, Boston.
8. **Appendicitis.** Walter Sands Mills, New York City.
9. **The Residual Effects in Adult Life of Constitutional Diseases in Childhood.** J. T. Simonson, New York City.
   Discussion: Byron G. Clark, New York City, and C. Sigmund Raue, Philadelphia.
10. **Some Recent Advances in Clinical Medicine.** Alonzo C. Tenney, Chicago.
    Discussion: Alvin W. LaForge, Chicago.

BUREAU OF SANITARY SCIENCE

Florence A. Richardson, Chairman.

William M. Sylvis, Secretary.

Thursday, 10:30 A. M. to 1:00 P. M., Exhibition Room, and Friday, 2:00 to 4:00 P. M., North Hall.

Chairman's Address.

Address on Public Health, Assistant Surgeon E. A. Sweet, Washington, D. C.

1. **Preparedness.** Hills Cole, New York City.
2. **Militant Homœopathy in Big Business.** Frank Wieland, Chicago.
3. **The Economic Value of Health.** Alonzo H. Waterman, Chicago.
4. **Modern Methods in Industrial Medicine.** Joseph H. Ball, Ann Arbor, Mich.
5. **Social Hygiene.** Anna Johnston, Pittsburgh, Pa.
6. **Preventive Medicine.** Anna M. Richardson, New York City.

BUREAU OF PEDOLOGY

Francis H. MacCarthy, Chairman.

Reuel A. Benson, Secretary.

Thursday, 2:30 to 6:00 P. M., and Friday, 2:00 to 4:00 P. M.

Exhibition Room.

Symposium on Infant Mortality.

1. **The Present Status of Infant Mortality, and the Look Forward.** Francis H. MacCarthy, Boston.
2. **Fundamental Causes of Infant Mortality, and Social Betterment.** Reuel Benson, New York City.
3. **Prenatal Causes of Infant Mortality.** Joseph P. Cobb, Chicago.
4. **Congenital Weakness as a Factor in Infant Mortality.** C. S. Raue, Philadelphia.

5. Obstetric Factors in the Prevention of Infant Mortality. Edwin P. Ruggles, Boston.
6. Parental Responsibility and Infant Mortality. Edward B. Hooker, Hartford, Conn.
7. Education of the Fathers and Mothers of Tomorrow. Agnes Fuller, Chicago.

BUREAU OF CLINICAL RESEARCH

Fritz C. Askenstedt, Chairman.

H. P. Fischbach, Secretary.

Thursday, 2:30 to 6:00 P. M., South Hall.

1. Cultural and Animal Experimentation with Leukemic Blood. Helmuth Ulrich, Evans Memorial, Boston.

   This paper deals with the cultivation of a diplostreptococcus from the spleen and bone marrow of a case of acute lymphatic leukemia. A similar bacterium was isolated by Wilbur and others and was considered to be of some etiologic importance by them. Besides this there will be a report on fairly extensive cultural work and animal inoculation with blood from a case of chronic myelogenous type. Illustrations with lantern slides.

2. Prophylaxis of Puerperal Convulsions. S. H. Blodgett, Boston.

   This is a resumé of an investigation of several thousand cases in the Obstetrical Ward of the Massachusetts Homœopathic Hospital, and sets forth the apparent value of proper dietetics in such cases, puerperal convulsions having been reduced thereby from 2 per cent (as it had been for a number of years) to ¼ per cent.

3. Clinical Report—Cancer Research. H. W. Nowell, Boston.

   The scope of this paper is intentionally limited to a consideration of the value of the biochemical substance in treating carcinoma in all stages of the disease, with a few general considerations and summary.

4. The Uses of Radium in the Physician's Daily Practice. E. Stillman Bailey, Chicago.

5. Scientific Accuracy Fundamental to Reliable Clinical Research. Eldridge C. Price, Baltimore.

   Discussion: H. P. Bellows, Boston; O. S. Haines and W. A. Pearson, Philadelphia.

6. Homœopathic Medical Education and Propaganda. Edwin Lightner Nesbit, Bryn Mawr, Pa.

   Discussed as a business proposition from the viewpoint of its practical utility to the average ohmœopathic physician and the public.

7. The Chemical Composition of Common Foods. W. A. Pearson, Philadelphia.

BUREAU OF DERMATOLOGY AND GENITO-URINARY DISEASES

E. Everett Rowell, Chairman, Stamford, Conn.

Louis Rene Kaufmann, Secretary, New York City.

Thursday, 2:30 to 6:00 P. M., with S. and G. Society, North Hall, and Friday, 2:00 to 4:00 P. M., South Hall.

1. X-Ray Treatment of Tinea Tonsurans. Frederick M. Dearborn, New York City.
2. A Plea for the Early Diagnosis of Urinary Tuberculosis. Russell Sprague, Rochester, N. Y.
3. Circumcision. James Krauss, Boston.
4. Plan and Scope of Lumbar Incisions. Joseph Fobes, New York City.
5. Function of the Kidneys. Louis R. Kaufmann, New York City.
6. The End Result of Fulguration of Papillomatous and Other Tumors of the Urinary Bladder. L. T. Ashcraft, Philadelphia.
7. The Modern Abortive Treatment of Neisser Infections of the Urethra. Victor Washburn, Wilmington, Del.
8. Syphilis of the Central Nervous System. E. Everett Rowell, Stamford, Conn.

OBSTETRICAL SOCIETY

John E. James, President, Philadelphia.

Gardiner Huntoon, Secretary, Des Moines, Ia.

Monday and Tuesday, 2:30 to 6:00 P. M., North Hall.

Papers by Drs. John E. James, Aug. Korndoerfer, Jr., W. C. Mercer, S. W. Sappington, N. S. Betts, T. J. Gramm, G. FitzPatrick, Stella Q. Root, T. D. Buchanan, R. Franklin Hill, Hebert C. Allen, Geo. R. Southwick, Clifford D. Harvey, L. L. Danforth, Florence N. Ward. Subjects announced in program reprint.

SURGICAL AND GYNECOLOGICAL SOCIETY

E. Weldon Young, President, Seattle, Wash.

Scott Parsons, Secretary, St. Louis.

Wednesday and Thursday, 2:30 to 6:00 P. M., North Hall; Friday, 10:30 A. M. to 1:00 P. M., Exhibition Room.

By invitation, the Bureau of D. and G. U. unites with S. and G. Thursday afternoon.

President's Address.

1. Fractures Involving the Elbow Joint. E. F. Sappington, Washington, D. C.
2. What Can Surgery Do for the Brain? Joseph H. Fobes, New York.
3. Gastro-coloptosis. Roy Upham, Brooklyn.
4. Gall-Stones. Sidney F. Wilcox, New York.
5. Appendicitis: The Immediate Results of the Treatment of Appendicitis for the Year 1915, in the University of Michigan Homœopathic Hospital, Ann Arbor, Mich. Hugh M. Beebe, Ann Arbor.

6. Dextrocardia: Liver on Left Side: Vermiform Appendix on Left Side; Appendectomy: Recovery. Wm. Davis Foster, Kansas City.
7. Formaldehyde in Inoperable Cancer. Chas. E. Walton, Cincinnati.
8. Radium in Surgery and Gynecology. John M. Lee, Rochester, N. Y.
9. Cancer of the Breast. Claude A. Burrett, Columbus, Ohio.
10. Uterine Hemorrhage. DeWitt G. Wilcox, Boston.
11. A Surgical Report of Unusual Pelvic Growths. Florence N. Ward, San Francisco.
12. Vaginal Hysterectomy for Procidentia. Julia C. Strawn, Chicago.
13. Unsatisfactory Anesthesias and Their Causes. T. Drysdale Buchanan, New York.
14. The End Results in Nephrectomies. L. T. Ashcraft, Philadelphia.
15. Gastric Ulcer. Wm. B. Van Lennep, Philadelphia.
16. Duodenal Ulcer. J. D. Elliot, Philadelphia.
17. Reflex and Toxic Epilepsy. J. C. Wood, Clevealnd.
18. Encysted Empyema. (Illustrated.) W. C. Barker, Philadelphia.

NATIONAL SOCIETY OF PHYSICAL THERAPEUTICS

Harlan P. Cole, President, New York City.
E. C. Williams, First Vice-President, Hot Springs, Va.
Cora Smith King, Second Vice-President, Washington, D. C.
Earnest P. Mills, Secretary, Ogden, Utah.
Alden E. Smith, Treasurer, Freeport, Ill.

Monday, Tuesday and Wednesday, 2:30 to 6:00 P. M., South Hall.
Order of Business. Call to Order.

Report of officers.
Election of new members.
Appointment of committees.
Reports of committees.
Election of officers.
New business.

President's Address: The Application of Physical Methods in the Treatment of Disease.

Report of Committee on New Apparatus. William Harvey King, New York.

Bureau of Electrotherapy

W. Franklin Baker, Chairman.

1. How from the World of Physics shall We Select the Similimum? Edmund P. Banning, Jacksonville, Fla.
2. Paper. Willard Reading, Philadelphia.
3. The Physical Department a Necessary Adjunct to a Modern Hospital. W. Franklin Baker, Philadelphia.
   Demonstration of Apparatus. Demonstration of Photographs of Physical Departments of Modern Hospitals.
4. A Comparison of Medicinal, Physical and Psychical Measures in the Treatment of Nervous Disorders. Franklin F. Massey, Wernersville, Pa.
5. Cardiac Exercises. Benj. F. Bailey, Lincoln, Neb.

Bureau of Radiology

Rollin H. Stevens, Chairman.

Discussion of the Value of Radiological Therapy in Deep-Seated Cancer.

1. What Evidence Have We of the Value of Post-Operative Roentgen Therapy of Cancer? M. W. Johns, Utica, N. Y.
2. Reports of Cases of Cancer Treated with Roentgen or Radium Therapy, Clinically Cured More than Three Years. Wm. H. Dieffenbach, New York City.
3. What Evidence Have We of the Value of Pre-Operative Roentgen Therapy in Deep-Seated Cancer? Rollin H. Stevens, Detroit.
4. Intensive Roentgen Rays in Therapeutics—Illustrated by Lantern Slides. J. W. Frank, Philadelphia.

Bureau of Kinesitherapy

E. C. Williams, Chairman.

1. Clinical Experience with Vertebral Adjustments as a Remedy. G. H. Patchen, New York City.
2. The Rounder. J. F. Roemer, Waukegan, Ill.
3. Spinal Reflexology. George Starr White, Los Angeles, Cal.
4. The Treatment of Hemiplegia by Exercises. Robert Oden, Washington, D. C. (Demonstration.)
5. Concerning Massage. E. C. Williams, Hot Springs, Va.
6. Bone Setting and Its Modern Revival. Norman D. Mattison, New York City.

Bureau of Hydro- and Phototherapy

William H. Dieffenbach, Chairman.

1. Mineral Waters as Therapeutic Aids. John A. Lenfesty, Mt. Clemens, Mich.
2. Hydrotherapy: Its Uses and Abuses. Robert Walters, Walter's Park, Pa.
3. Hydrotherapy in the Treatment of Nephritis. William H. Dieffenbach, New York City.

Bureau of Dietetics

Cora Smith-King, Chairman.

1. The Dietetic Clinic. Benjamin C. Woodbury, Portsmouth, N. H.
2. Practicable Ways of Increasing the Iron Content of a Diet. Miss Caroline L. Hunt, Scientific Assistant, Office of Home Economics, U. S. Department of Agriculture, Washington, D. C.
3. Experimental and Clinical Investigation into the Therapeutic Value of Peanut Oil. Wilbur Francis Skillman, Baltimore.

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL, OTOLOGICAL AND LARYNGOLOGICAL SOCIETY.

W. H. Phillips, President, Cleveland.
A. E. Coon, First Vice-President, Worcester, Mass.
H. A. Foster, Second Vice-President, New York.
Ira O. Denman, Secretary, Toledo.
W. M. Muncy, Treasurer, Providence, R. I.
G. W. Mackenzie, Necrologist, Philadelphia.

CLINICAL SESSION

New York, June 23 and 24, 1916.

There will be two full days of surgical, therapeutic and clinical work, with one evening devoted to the exhibition of x-ray plates and lantern slides with description of the same, and an instructive talk on the relation of eye diseases to the nervous system.

Owing to the character of our work only a limited number can see to advantage surgical technic, therefore cards admitting to each operation will be issued in the order of application.

A very large attendance is already assured and in order to see what you most desire in surgical work each member must send in at once his application, stating his first, second and third selection for each operative period.

There will be ample room for all to see and examine cases in the non-operative clinics at the Ophthalmic where there will undoubtedly be an abundance of rare and interesting cases of all descriptions which we believe will prove a most valuable and instructive innovation. The operative work will probably follow the schedule very closely though possibly slight changes may have to be made.

On Saturday evening there will be a dinner at the Hotel Headquarters, The Woodward, 55th Street and Broadway.

Members will leave on Sunday for Baltimore where our annual meeting will be held with the Institute.

COMMITTEE OF ARRANGEMENTS.
201 East 23rd Street, New York.

Friday, June 23, N. Y. Ophthalmic Hospital, Upper Operating Room, 9 A. M. to 1:00 P. M.

Fallacies and Verifications of Tonometers with a Monometer In Direct Connection with the Interior of the Living Human Eye. William McLean, New York.

Enucleation of the Eye with Implantation of Rubber Sponge In Tenon's Capsule. Frederick G. Ritchie, New York.

Cataract Extractions.

Intra Capsular, Original Method. Dean W. Myers, Ann Arbor, Mich.

Intra Capsular, Smith-Fisher. Ralph I. Lloyd, Brooklyn.

Intra Capsular, Smith-Fisher. DeWayne Hallett, New York.

Friday, Lower Operating Room, Ophthalmic, 9 A. M. to 1:00 P. M.

Tonsil Operations.

Tonsillectomy, In Forward Sitting Posture.
Ira O. Denman, Toledo, Ohio.

Tonsillectomy, Original Method. Burton Haseltine, Chicago.
Tonsillectomy, Modified Sluder. Charles E. Teets, New York.
Tonsillectomy, Freudenthal's Method in Suspension Position, Using Killian's Traveling Crane, Lynch's Mouth Gag, Hook and Tongue Depressor. Charles E. Teets, New York.
Tonsillectomy, Modified Sluder. Robert M. Jones, New York.
Tonsillectomy, Digital Enucleation. Harold Foster, New York.
Tonsillectomy, Sluder-Beck. W. D. Rowland, Asbury Park, N. J.

Friday, Upper Operating Room, Ophthalmic, 2:00 to 6:00 P. M.
Removal of the Lachrymal Sac.
Method, Intranasal. Sidney Yankauer, New York.
Method, Subconjunctival. J. A. Kearney, New York.
Method, Original. J. Ivimey Dowling, New York.
Method, External. William McLean, New York.

Friday, Lower Operating Room, Ophthalmic, 2:00 to 6:00 P. M.
Septum Straightening, Simple Method, Series of Cases. Irving Townsend, New York.
Frontal Sinus, Modified Lothrop. George B. Rice, Boston, Mass.

Friday, Non-Operative Clinic, Ophthalmic, 2:00 to 6:00 P. M.
Intra-Ocular Diseases. Charles Deady, New York.
External Ocular Diseases. Edw. S. Munson, New York.
Nasal and Throat Diseases. Charles E. Teets, New York.
Nasal and Throat Diseases. Irving Townsend, New York.

Friday, Flower, 2:00 to 6:00 P. M.
Tonsillectomy by Digital Enucleation. Harold Foster, New York.
Modified Caldwell-Luke Operation on Maxillary Sinus. Harold Foster, New York.
Demonstration of an Extirpated Larynx. Harold Foster, New York.
Demonstration of Border-line Dermatological Cases. Frederick M. Dearborn, New York.
Demonstration on Radium Therapy. Marshall W. McDuffie, New York.

Friday, 257 West 57th Street, 2:00 to 3:00 and 3:00 to 4:00 P. M.
Roentgenography of the Sinuses, the Pituitary Body and Sella Turcica, Accommodating Twelve Physicians at a time. W. H. Dieffenbach, New York.

Friday, Clinic Room, Ophthalmic, 8:00 to 10:30 P. M.
The Ocular Paralyses, Hemianopsias, Scotomota, and Vertigoes from the Standpoint of the Neurologist. J. E. Wilson, New York.
Roentgenography of the Mastoid and the Nasal Accessory Sinuses. Frederick M. Law, New York.
Lantern Slides of the Temporal Bone. G. G. Palen, Philadelphia.
Lantern Slides of the Eighth Nerve. G. W. Mackenzie, Philadelphia.

Saturday, June 24, Ophthalmic, Upper Operating Room, 9:00 A. M. to 1:00 P. M.

Eye Muscle Operations.

Original Tucking Advancement. Geo. A. Suffa, Boston.
Modified Worth Advancement. David W. Wells, Boston.
Bishop Harmon Reefing Advancement. Calvin E. Williams, New York.
Original Advancement. Frederick G. Ritchie, New York.

Saturday, Lower Operating Room, Ophthalmic, 9:00 A. M. to 1:00 P. M.

Mastoid Operations.

Radical. Geo. W. Mackenzie, Philadelphia.
Simple. L. E. Hetrick, New York.
Radical. William F. Beggs, Newark, N. J.

Saturday, Hahnemann, 9:00 A. M. to 1:00 P. M.

Harelip and Cleft Palate Operations with Exhibition of Cases.
Geo. W. Roberts, New York.
Tonsillectomy by Digital Enucleation. Harold Foster, New York.
Maxillary Sinus. Harold Foster, New York.

Saturday, Hahnemann, 2:00 to 6:00 P. M.

Sub-temporal Decompression. Wm. H. Bishop, New York.

Saturday, Upper Operating Room, Ophthalmic, 2:00 to 6.00 P. M.

Glaucoma.

Elliot Sclero-Corneal Trephine. DeWayne Hallett, New York.
Cyclodialysis. Ira O. Denman, Toledo, Ohio.
von Hipple Sclero-Corneal Trephine. Frederick G. Ritchie, New York.
Plastic Operation on Eyelids. Geo. A. Shepard, New York.

Saturday, Lecture Room, Ophthalmic, 2:00 to 6:00 P. M.

Study of a Series of Labyrinthine Cases.
Drs. Hetrick and McLean, New York.

Saturday, Non-Operative Clinic, Ophthalmic, 2:00 to 6:00 P. M.

Intra-Ocular Diseases. Charles H. Helfrich, New York.
Extra-Ocular Diseases. William McLean, New York.
Nasal and Throat Therapeutics. Samuel H. Vehslage, New York.
Nasal and Throat Therapeutics. Robert M. Jones, New York.

Saturday, at 8 P. M., Hotel Woodward, Broadway and 55th Street, Dinner.

The following Methods of Anesthesia will be demonstrated:

Dr. Ira O. Denman will demonstrate Tonsillectomy in the Forwarded Suspended Position under Nitrous-Oxide and Oxygen Anesthesia. Dr. E. I. McKesson of Toledo, Ohio, will administer the anesthesia.

Dr. T. Drysdale Buchanan will demonstrate:

Continuous Anesthesia through the Nose on Dr. Roberts' case.

Nitrous Oxide and Oxygen on Dr. Foster's case.

Ethyl Chloride on Dr. Foster's case.

Oil-Ether-Colonic-Rectal on Dr. Rice's case.

Vapor Anesthesia on Dr. Bishop's case.

SCIENTIFIC AND BUSINESS SESSION.

Monday and Tuesday, at Hotel Emerson.

A Unique Eye Injury. Fred J. Lewis, Buffalo, N. Y.

Phlyctenular Conjunctivitis and Keratitis. H. L. Gowens, Philadelphia.

The Value of Perimetry. .A New Instrument and Some Experiments Described. E. J. Bissell, Rochester, N. Y.

Paralytic Strabismus; a Simple and Accurate Method of Determining the Affected Muscle. F. J. Ritchie, New York City.

Injuries to the Eyes from Broken Lenses and Spectacle Frames; Are They Common? What Influence Should They Have on the Kind of Frames Ordered? C. A. Harkness, Chicago, Ill.

The Seating of Children in Our Public Schools, and Its Relation to Defective Eyesight. J. Holbrook Shaw, Plymouth, Mass.

A Lantern Slide Talk on the Neurology of the Ear.
George W. Mackenzie, Philadelphia, Pa.

A Case of Mastoiditis. G. N. Seidlitz, St. Louis, Mo.

Case of Pseudo-Mastoiditis; Cured with Rhus Tox. .
Mary L. Lines, Brooklyn, N. Y.; Burton Haseltine, Chicago.

The Present State of Lumbar Puncture in Otolic Diseases.
Neil Bentley, Detroit, Mich.

The Cautery in Nasal Surgery. A. A. Eichenberry, Indianapolis, Ind.

What Should the Homœopathic Surgeon Do for Adenoids and Hypertrophied Tonsils? J. B. Garrison, New York City.

Treatment of Benign Growths of the Larynx by the Roentgen Ray.
Discussion: G. J. Alexander, supplemented by F. W. Frank, both of Philadelphia; George W. Mackenzie, Philadelphia.

The Relief of Pain in Malignant Disease of the Throat.
T. L. Shearer, Baltimore.

Observations on the Modified Lothrop Operation for Empyema of the Frontal Sinus. George B. Rice, Boston, Mass.

The Treatment of Otomycosis. Howard P. Bellows, Boston, Mass.

BUREAU OF RESEARCH WORK.

Report of the Committee to Investigate Dr. George's Theory of Oscillation of the Eye Ball. W. O. Bell, Seattle, Wash.; J. A. Ferree, Ohio State University, Columbus. O.; Charles Sheard, Ph. D., Ohio State University, Ohio.; Dean W. Myers, University of Mich., Ann Arbor, Mich.; D. W. Wells, Boston University School of Medicine, Boston, Mass.

Discussion to be opened by Dr. E. J. George, Chicago.

Index to Volume VIII. July 1915--June 1916

ABDERHALDEN TEST FOR PREGNANCY, TECHNIC FOR THE. W. H. Watters..... 161
ACIDOSIS AND ITS RELATION TO ANESTHESIA. T. Drysdale Buchanan 139
ALFALFA—OBSERVATIONS UPON MEDICAGO SATIVA. Alexander L. Blackwood..... 155
ANCIENT HISTORY OF THE LAWS OF SIMILARS. J. N. Majumdar 279
ANIMAL EXPERIMENTATION: ITS RELATION TO SURGICAL PROCEDURE. J. H. Wilms.....1043
A NATRUM MURIATICUM CASE. Rudolph F. Rabe.....1013
A NEW SYSTEM OF DELIVERY. P. D. Russell.....1311
A PLEA FOR A PRACTICAL UP-TO-DATE REPERTORY. James C. Wood 897
A PLEA FOR THE PROSTATE. N. R. Perkins..... 53
A PROVING OF BELLIS PERENNIS. Albert E. Hinsdale..... 47
AUTOGENOUS SERUM AS A THERAPEUTIC AGENT. Fred'k M. Dearborn 142
BELLIS PERENNIS, A PROVING OF. Albert E. Hinsdale..... 47
BENZOLE TREATMENT IN LEUKEMIA. Joseph P. Cobb..... 61
BUREAU OF HOMŒOPATHY: ADDRESS OF THE CHAIRMAN. R. S. Copeland..... 13
BUSINESS ADDRESS. Byron E. Miller..... 1
BUTYRIC ACID—A PROVING. Donald Macfarlan..... 851
CALORIC VALUE AS THE SOLE CRITERION, THE INADEQUACY OF. Allan Winter Rowe..... 420
CANCER, CASES TREATED WITH RADIUM. John M. Lee.... 590
CANCER CURABLE, WHEN IS. Scott Parsons..... 39
CANCER—DISCUSSION OF PAPERS..... 875
CANCER INVESTIGATION. Discussion.....1309
CANCER, PRESENT STATUS OF RADIUM THERAPY IN. A. C. Cowperthwaite 44
CANCER RESEARCH, DISTINCTIVE METHODS OF. H. W. Nowell 77
CANCER QUESTION, THE. Horace Packard..... 871
CANCER AND TUBERCULIDES, SKIN. Discussion..... 533
CANCER, MODERN VIEWS OF THE SKIN AND MUCOUS MEMBRANE. Frederick M. Dearborn..... 375
CARCINOMA OF THE UTERUS, CLINICAL DIFFERENTIAL DIAGNOSIS OF. W. A. Humphrey..... 31
CARDIAC DISEASES, DIETETIC TREATMENT OF CHRONIC. G. Carroll Smith..... 259
CARDIAC DISEASES, DIETETIC TREATMENT. Discussion.... 456
CARDIAC DISEASE, THE USE OF DRUGS IN. John P. Rand... 579
CARNOTITE—THE AMERICAN RADIUM. E. Stillman Balley... 620

CASES ILLUSTRATING THE DANGERS OF SALVARSAN AND KINDRED PREPARATIONS IN THE TREATMENT OF SYPHILIS. Wm. O. Forbes..... 528
CHEMISTRY, SCIENTIFIC TEACHING IN MEDICAL COLLEGES. J. C. Blake, Ph. D.....1276
CHOLECYSTITIS, DIAGNOSIS AND TREATMENT OF. Arthur L. Canfield 1152
CIMICIFUGA. Ella M. Tuttle.....1040
CLINICAL DIFFERENTIAL DIAGNOSIS OF CARCINOMA OF THE UTERUS. W. A. Humphrey..... 31
CLINICAL MEDICINE—CHAIRMAN'S ADDRESS. Chas. E. Sawyer 141
CLINICAL OBSTETRIC TEACHING. Gilbert FitzPatrick.....1290
CLINICAL RESEARCH. James Krauss..... 19
CLINICAL SURGERY, TEACHING OF. Charles E. Kahlke.....1289
CLINICAL TEACHING. Ralph A. Stewart.....1280
COFFEA CRUDA AND CAFFEIN, MENTAL PHENOMENA OF A TRIAL PROVING. Edwin L. Nesbit..... 494
COFFEA CRUDA AND CAFFEIN, ALIMENTARY PHENOMENA OF A TRIAL PROVING. Edwin Lightner Nesbit.....1413
COFFEA, THE URINARY PHENOMENA OF, William A. Pearson. 507
COMPARISON BETWEEN HOMŒOPATHIC AND ALLOPATHIC THERAPEUTICS. George Royal..... 628
COMPARATIVE STATISTICS FROM THE LOUISVILLE CITY HOSPITAL. Fritz C. Askenstedt..... 452
CONSTANTINE HERING—A BIOGRAPHICAL SKETCH. Herman Faber 70, 164
DELIVERY, A NEW SYSTEM OF. P. D. Russell.....1311
DERMATOLOGIC TOXEMIAS OF PREGNANCY. Ralph Bernstein. 57
DIABETES, THE DIET IN. Clifford Mitchell..... 610
DIAGNOSIS AND TREATMENT OF CHOLECYSTITIS. Arthur L. Canfield 1152
DIET AND DYSTOCIA. Fred V. Wooldridge..... 245
DIET IN MIDDLE LIFE AND OLD AGE. Edward Beecher Hooker 1028
DIETETIC TREATMENT OF CHRONIC CARDIAC DISEASES. G. Carroll Smith.....259, 456
DISTINCTIVE METHODS OF CANCER RESEARCH. H. W. Nowell 77
DRUG PATHOGENESIS. E. B. Nash..... 59
DRUG PROVING, THE SCIENTIFIC METHOD OF. Ralph R. Mellon 479
DUCTLESS GLANDS IN SURGERY, PLACE OF THE. DeWitt G. Wilcox 235
EDUCATIONAL SUGGESTIONS. G. D. Cameron.....276, 435
EXAMINATION OF THE URINARY TRACT BY THE ROENTGEN RAY. Walter C. Barker.....1022
EXPERIENCE IN THE WAR ZONE. E. L. Cavenee..... 907
EYE, EAR, NOSE AND THROAT FIELD, SOME OF THE LATER IDEAS IN THE. Dean W. Myers..... 602

FACULTY CHANGES AT HAHNEMANN, PHILA.....1449
FAMILY LIMITATION. Elizabeth Hamilton-Muncie.....1162
FEDERATION. Scott Parsons..... 913
FICUS RELIGIOSA. Sarat Chandra Ghose..... 52
FOOD AS A CAUSE OF DISEASE. John P. Sutherland..... 114
FOOD INVESTIGATIONS. W. A. Pearson.....1262
HIGH BLOOD PRESSURE. A Discussion..... 460
HIGH FREQUENCY CURRENTS. Wm. H. Dieffenbach.....1270
HOMŒOPATHIC PRACTICE. Daniel E. S. Coleman.....1000
HOMŒOPATHIC PRACTICE, SPECIALTY IN THERAPEUTICS. J. Ivimey Dowling 1374
HOMŒOPATHIC SURGERY APPLIED CLINICALLY. Claude A. Burrett 867
HOMŒOPATHIC THERAPEUTICS AND SURGERY. Claude A. Burrett 134
HOMŒOPATHIC THERAPY FOR MENTAL ILLNESS. J. Richey Horner 232, 408
HOMŒOPATHIC AND ALLOPATHIC THERAPEUTICS. George Royal 628
HOMŒOPATHIC HOSPITALS, PRESCRIBING IN. O. S. Ritch...632
HOMŒOPATHIC MATERIA MEDICA, VOCATIONAL. William F. Baker 796
HOMŒOPATHIC TREATMENT, RHEUMATISM: ROUTINE AND. Frank Branen 1050
HOMŒOPATHY, BUREAU OF: ADDRESS OF CHAIRMAN. Royal S. Copeland..... 13
HOMŒOPATHY, NEGLECTED VALUES IN. C. E. Fisher.....1116
HOMŒOPATHY TO DIAGNOSIS, RELATION OF. Herbert D. Schenck 1384
HYGIENIC THERAPEUTICS, THE NECESSARY CONDITIONS FOR THE PRACTICE OF. E. Arthur Carr.....1307
IDIOSYNCRASIES MORPHOLOGICALLY CONSIDERED. Philip Rice 381
INTESTINAL STASIS. A. E. Booth.....1148
IODIN. August Korndoerfer..... 225
IODIN IN PAPILLARY AND TUBERCULAR CONDITIONS OF THE ABDOMINAL CAVITY. Joseph H. Fobes.....1389
KALI BICHROMICUM, LABORATORY STUDIES UPON THE ACTION OF. Albert E. Hinsdale..... 535
KIDNEY CASES, THREE UNUSUAL. Sidney Freeman Wilcox... 993
LABORATORY STUDIES UPON THE ACTION OF KALI BICHROMICUM. Albert E. Hinsdale..... 535
MATERIA MEDICA, THE LECTURE IN TEACHING. George Royal 1300
MATERIA MEDICA, THE TEXTBOOK OF. C. E. Hetherington...1295
MEDICAL ASPECTS OF MODERN WAR. James Searson..... 249
MEDICAL COLLEGE .....
MEDICAL PRACTICE ACT, WHAT SHOULD BE THE PROVISIONS OF A MODEL. Royal S. Copeland.....1253
MEDICAL PRACTICE TODAY. Joseph R. Hood.....1379

MENTAL DISEASES, PRINCIPLES AND PRACTICAL METHODS IN DIAGNOSIS OF. Clifford C. Ellis..... 768
MENTAL DISEASES WITH BACTERIAL VACCINES, TREATMENT OF. Benjamin F. Bailey..... 402
MENTAL ILLNESS, HOMŒOPATHIC THERAPY FOR. J. Richey Horner 232, 408
MENTAL PHENOMENA OF A TRIAL PROVING OF COFFEA CRUDA AND CAFFEIN. Edward Lightner Nesbit..... 494
MODERN ADVANCES IN X-RAY DIAGNOSIS. C. Winfield Perkins 1401
MODERN VIEWS ON THE TREATMENT OF SKIN AND MUCOUS MEMBRANE CANCER. Frederick M. Dearborn..... 375
MONDAY EVENING WELCOME..... 280
MORES MUTABILES. Theodore Bacmeister..... 272
MORPHIN-SCOPOLAMIN AMNESIA IN OBSTETRICS, THE TECHNIC OF. Florence N. Ward.....761, 1314
NATURE OF LIFE: MEMORIAL ADDRESS. Orange S. Runnels. 148
NEGLECTED VALUES IN HOMŒOPATHY. C. E. Fisher.....1116
OBSTETRIC MORBIDITY, THE KNEE-CHEST POSITION IN. Hudson D. Bishop..... 885
OBSTETRIC SCHEDULE. Gilbert FitzPatrick.....1411
OBSTETRIC TEACHING, CLINICAL. Gilbert FitzPatrick.....1290
OBSTETRICS: PRESIDENT'S ADDRESS. R. Milton Richards... 243
OBSTETRICS, THE TECHNIC OF MORPHIN-SCOPOLAMIN AMNESIA IN. Florence N. Ward.....761, 1314
OUR REVISED PHARMACOPŒIA. T. H. Carmichael..... 126
PERFORATIONS OF THE ABDOMINAL VISCERA. L. K. Maxwell 745
PHARMACOPŒIA, OUR REVISED. T. H. Carmichael..... 126
PHOSPHORUS. Gertrude K. Meck..... 396
PHYSICAL THERAPEUTICS—PRESIDENT'S ADDRESS. E. P. Mills 255
PLACE OF THE DUCTLESS GLANDS IN SURGERY. DeWitt G. Wilcox 235
PLAY—A FACTOR IN MENTAL DEVELOPMENT. Anson Cameron 107
PLAY—ITS EFFECT ON METABOLISM. Joseph Pettee Cobb... 101
PLAY, THE PROPHYLACTIC VALUE OF. Charles F. Weller.... 513
POLIOMYELITIS. William Henry Hanchette..... 67
POSTPOLIOMYELITIS PARALYSIS—TREATMENT. H. P. Cole. 889
PREGNANCY, DERMATOLOGIC TOXEMIAS OF. Ralph Bernstein 57
PRELIMINARY ADDRESS. Henry C. Aldrich.....1371
PRESCRIBING IN HOMŒOPATHIC HOSPITALS. O. S. Ritch.. 632
PRESENT STATUS OF RADIUM THERAPY IN CANCER. A. C. Cowperthwaite 44
PRINCIPLES AND PRACTICAL METHODS IN THE DIAGNOSIS OF MENTAL DISEASES. Clifford C. Ellis..... 768
PROPHYLACTIC VALUE OF PLAY. Charles F. Weller..... 513
PROSTATECTOMY, THE BEST TECHNIC OF SUPRAPUBIC. James Krauss.....1016

PRURITUS, THE CAUSE AND TREATMENT. Orlando R. von-Bonnewitz 1405
PUERPERAL ECLAMPSIA. E. P. Mills.....1035, 1409
RADIUM BROMID. Guy Beckley Stearns.....1123
RADIUM, CANCER CASES TREATED WITH. John M. Lee..... 590
RADIUM, CARNOTITE: THE AMERICAN. E. Stillman Bailey... 620
RADIUM THERAPY IN CANCER, PRESENT STATUS OF. A. C. Cowperthwaite 44
RELATION OF HOMŒOPATHY TO DIAGNOSIS. Herbert D. Schenck 1384
REORGANIZATION. Charles E. Sawyer.....1055
RHEUMATISM: ROUTINE AND HOMŒOPATHIC TREATMENT. Frank Branen 1050
RHODIUM. Donald Macfarlan..... 390
ROENTGEN RAY, EXAMINATION OF THE URINARY TRACT BY THE. Walter C. Barker.....1022
ROENTGEN THERAPY, THE COOLIDGE TUBE IN. Rollin H. Stevens 409
ROTATION OF THE POSTERIOR OCCIPUT. John W. Cogswell.1143
SANITARIAN, THE GENERAL PRACTITIONER AS A. J. D. Varney 896
SCIENTIFIC TEACHING IN MEDICAL COLLEGES—CHEMISTRY. J. C. Blake.....1276
SEMINAL VESICULITIS. Leon T. Ashcraft.....1105
SKELETAL DIAGNOSIS AND ADJUSTMENT. G. H. Patchen... 1133
SKIN CANCER AND TUBERCULIDES. Discussion..... 533
SKIN DISEASES, THE INDICATED REMEDY IN. Ralph Bernstein 434
SOME CAUSES WHICH PROMOTE PROSTITUTION. Albert A. Ogle 807
SOME EXPERIENCES WITH LOCAL ANESTHESIA. Hugh M. Beebe 845
SOME OF THE LATER IDEAS IN THE EYE, EAR, NOSE AND THROAT FIELD. Dean W. Myers..... 602
SPECIALTY IN THERAPEUTICS: HOMŒOPATHIC PRACTICE. J. Ivemey Dowling.....1374
SURGICAL THERAPEUTICS: NECESSARY CONDITIONS OF PRACTICE. Alonzo S. Shadman.....1391
SYPHILIS, CASES ILLUSTRATING THE DANGER OF SALVARSAN, ETC. William O. Forbes..... 528
TEACHING OF CLINICAL SURGERY. Charles E. Kahlke.....1289
TECHNIC FOR THE ABDERHALDEN TEST FOR PREGNANCY. W. H. Watters..... 161
THE BEST TECHNIC OF SUPRAPUBIC PROSTATECTOMY. James Krauss 1016
THE BIOLOGICAL CO-RELATION OF THE LAW OF SIMILARS. Ralph R. Mellon 784
THE CANCER QUESTION. Horace Packard..... 871
THE CAUSE AND TREATMENT OF PRURITUS Orlando R. von Bonnevitz 1405

THE COOLIDGE TUBE IN ROENTGEN THERAPY. Rollin H. Stevens 409
THE DIET IN DIABETES. Clifford Mitchell..... 610
THE GENERAL PRACTITIONER AS A SANITARIAN. J. D. Varney 896
THE INADEQUACY OF CALORIC VALUE AS THE SOLE CRITERION. Allan Winter Rowe..... 420
THE INDICATED REMEDY IN SKIN DISEASES. Ralph Bernstein 434
THE KNEE-CHEST POSITION AS A MEANS OF PREVENTION OF OBSTETRIC MORBIDITIES. Hudson D. Bishop..... 885
THE LECTURE IN TEACHING MATERIA MEDICA. George Royal 1300
THE MEDICINE OF EXPERIENCE. Eldridge C. Price..... 64
THE NECESSARY CONDITIONS FOR THE PRACTICE OF HYGIENIC THERAPEUTICS. E. Arthur Carr.....1307
THE NEW YEAR. H. P. Cole..... 992
THE OLD YEAR. Charles E. Walton..... 992
THE PRESIDENT'S EVENING ADDRESS..... 6
THE REPERTORY. Rudolph F. Rabe.....1258
THE SCIENTIFIC METHOD OF DRUG PROVING. Ralph R. Mellon 479
THE TEACHING OF THE SCIENCES IN MEDICAL COLLEGES. J. C. Blake..... 27
THE TECHNIC OF MORPHIN-SCOPOLAMIN AMNESIA IN OBSTETRICS. Florence N. Ward.....761, 1314
THE TEXTBOOK OF MATERIA MEDICA. C. E. Hetherington..1295
THE URINARY PHENOMENA OF COFFEA. W. A. Pearson..... 507
THE USE OF DRUGS IN CARDIAC DISEASES. John Prentice Rand 579
THE USE OF IODIN IN PAPILLARY AND TUBERCULAR CONDITIONS. Joseph H. Fobes 1389
THREE UNUSUAL KIDNEY CASES. Sidney F. Wilcox..... 993
TREATMENT OF MENTAL DISEASES WITH BACTERIAL VACCINES. Benjamin F. Bailey..... 402
TUBERCULIDES. C. D. Collins..... 431
TUMORS OF THE COLON. B. A. McBurney..... 35
TWELVE PROPOSITIONS FOR RACE REGENERATION. Elizabeth Hamilton-Muncie 1048
URETHRAL DIVERTICULA. Curtiss W. Gynn.....1025
VALUE OF ORGANIZATION. G. Forrest Martin.....1373
VERIFICATIONS OF MERCURY. Daniel E. S. Coleman..... 636
VISIONARY THERAPEUTICS. S. R. Geiser..... 445
VOCATIONAL HOMŒOPATHIC MATERIA MEDICA. William F. Baker 796
WATER AS A THERAPEUTIC AGENT. Alden E. Smith.....1159
WHAT CONSTITUTES A CURE? Samuel R. Geiser..... 756
WHAT SHOULD BE THE PROVISIONS OF A MODEL MEDICAL PRACTICE ACT? Royal S. Copeland.....1253
WHEN IS CANCER CURABLE? Scott Parsons..... 39

MISCELLANY

A MONTHLY JOURNALISTIC SURVEY..... 932
ADVERTISING—COMMENT FROM MEMBERS.....1090
AFTERTHOUGHTS OF THE STATE CONVENTION OF 1916....1452
AID FOR SICK SOLDIERS..... 197
ALLEGHENY COUNTY MEDICAL SOCIETY..... 821
AMERICAN INSTITUTE OF HOMŒOPATHY—BUSINESS SESSION, 1915..... 302
—ORGANIZATION 1197
ANNOUNCEMENTS .....
.....200, 290, 469, 551, 819, 937, 1081, 1177, 1334, 1434
ANNUAL STATISTICS 1211
BIOGRAPHICAL SKETCH OF THERESE BUCHHEIM HERING..1359
BOOK REVIEWS.....95, 300, 477, 658, 835, 948, 1195, 1369, 1464
CHANGE OF ADDRESS.....
.....94, 209, 297, 475, 564, 831, 946, 1095, 1192, 1358, 1460
CHRONOLOGICAL LIST OF OFFICERS.....1198
CLINICAL CONGRESS OF SURGEONS..... 646
COLLEGE ALLIANCE 552, 837, 938, 1098
CONFERENCE WITH ECLECTICS.....1097
CONGRESS OF STATES.....1183
CORRECTIONS 1192, 1367
CORRESPONDENCE.....204, 471, 553, 820, 940, 1085, 1185, 1342 1438
DRUG RESEARCH—COLLEGE ALLIANCE..... 572
EASTERN OHIO SOCIETY 1450
EDITORIAL..85, 179, 285, 463, 545, 637, 813, 927, 1071, 1169, 1321..1425
EDITORIAL EXCHANGE 1431
EDUCATIONAL REPORT—COUNCIL ON MEDICAL EDUCATION 963
ENDOWMENT OF $500,000—AMERICAN COLLEGE OF SURGEONS 823
ENTERTAINMENT AT BALTIMORE.....1329
FEDERATION 1087, 1186
FLORIDA STATE BOARD..... 940
FOURTH ANNUAL MEETING OF THE COLLEGE ALLIANCE..1098
GENERAL NEWS .....
.....89, 205, 294, 473, 558, 650, 825, 941, 1091, 1188, 1351, 1455
HAHNEMANN ROUND TABLE 1451
HERING AND HAHNEMANN..... 1362
HOMŒOPATHIC CHAIRS IN THE UNIVERSITY OF CALIFORNIA 198
HOMŒOPATHY. Reference Handbook..... 574
HOMŒOPATHIC MEDICAL SOCIETY OF WESTERN MICHIGAN 822
ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.....1453
INSTITUTE PUBLICITY..... 934
INTERNATIONAL HAHNEMANNIAN ASSOCIATION.....1419
INTRACUTANEOUS REACTION OF SCHICK..... 991
KENTUCKY STATE HOMŒOPATHIC MEDICAL SOCIETY.....1184
LOCAL COMMITTEE OF ARRANGEMENTS..... 934

MEDICAL EDUCATION IN THE HOMŒOPATHIC SCHOOL OF MEDICINE 662
MEETING OF THE BOARD OF TRUSTEES..... 818
MEMBERSHIP LISTS 667
NATIONAL SOCIETY OF THERAPEUTICS..... 842
NEW MEMBERS—1915 SESSION..... 372
NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.....1083, 1183
OBITUARY.....93, 209, 298, 476, 565, 832, 947, 1096, 1193, 1359, 1461
OBSTETRICAL SOCIETY 1365
ON TO BALTIMORE AND THE INSTITUTE..... 935
OREGON HOMŒOPATHIC MEDICAL SOCIETY..... 644
PARK AVENUE HOSPITAL, DENVER.....1083
PENNSYLVANIA BUREAU OF MEDICAL LICENSURE..... 97
PRELIMINARY ANNOUNCEMENT OF THE O. O. & L. CLINICS 1447
PROGRAM—SESSION OF 1916.....1465
REGISTRATION OF PHYSICIANS AT THE 1915 SESSION..... 656
REVISION OF CONSTITUTION AND BY-LAWS..... 210
SOCIETY PROGRAMS..94, 300, 476, 569, 655, 835, 948, 1195, 1364 1462
SURGICAL AND GYNECOLOGICAL SOCIETY.....939, 979
THE HOSPITALITY OF WASHINGTON.....1333
THE INDIANA INSTITUTE OF HOMŒOPATHY.....1083
THE INSTITUTE FRATERNITY..... 196
THE INSTITUTE SESSION—1915..... 182
THE MARYLAND BILL.....1084
THE MEISSEN IN CHICAGO—1915..... 195
THE ORIGINAL BY-LAWS 1463
THE PHYSICIAN AND BIRTH CONTROL..... 99
THE PRESIDENT-ELECT 190
THE SOCIETY OF HOMŒOPATHICIANS..... 648
THE SOUTHERN CALIFORNIA SOCIETY..... 647
THE TUBERCULOUS MIGRANT.....1368
THE WOMEN'S ASSOCIATION OF ALLEGHENY COUNTY..... 649
THE WOOD DINNER 191
WOMEN'S HOMŒOPATHIC ASSOCIATION OF PITTSBURGH... 822
WISCONSIN STATE MEDICAL SOCIETY.....1184, 1341

INDEX OF AUTHORS

Aldrich, Henry C..... 1371
Ashcraft, Leon T..... 1105
Askenstedt, Fritz C..... 452
Bacmeister, Theodore 272
Bailey, Benjamin F..... 402
Bailey, E. Stillman..... 620
Baker, William F..... 796
Barker, Walter C..... 1022
Beebe, Hugh M..... 845
Bernstein, Ralph 57, 434
Bishop, Hudson D..... 885
Blackwood, Alexander L..... 155
Blake, J. C.....27, 1276

Booth, A. E. 1148
Branen, Frank 1050
Buchanan, T. Drysdale 139
Burrett, Claude A. 134, 867
Cameron, Anson 107
Cameron, G. D. 276, 435
Canfield, Arthur L. 1152
Carmichael, T. H. 126
Carr, E. Arthur 1307
Cavenee, E. L. 907
Cobb, Joseph P. 61, 101
Cogswell, John W. 1143
Cole, H. P. 389
Coleman, Daniel E. S. 636, 1000
Collins, C. D. 431
Copeland, Royal S. 13, 1253
Cowperthwaite, A. C. 44
Dearborn, Frederick M. 142, 375, 533
Dieffenbach, William H. 1270
Dowling, J. Ivimey 1374
Ellis, Clifford C. 768
Faber, Herman 70, 164
Fisher, Charles E. 1116
FitzPatrick, Gilbert 1290, 1411
Fobes, Joseph H. 1389
Forbes, William O. 528
Geiser, Samuel R. 445, 756
Ghose, Sarat Chandra 52
Ginn, Curtiss W. 1025
Hamilton-Muncie, Elizabeth 1048, 1163
Hanchette, Wm. Henry 67
Hetherington, C. E. 1295
Hinsdale, Albert E. 47, 535
Hood, Joseph R. 1379
Hooker, Edward Beecher 1028
Horner, J. Richey 232, 408
Humphrey, W. A. 31
Kahlke, Charles E. 1289
Korndoerfer, Aug. 225
Krauss, James 19, 1016
Lee, John M. 590
Macfarlan, Donald 390, 851
Majumdar, J. N. 279
Martin, G. Forrest 1373
Maxwell, L. K. 745
McBurney, Benjamin A. 35
Meck, Gertrude 396
Mellon, Ralph R. 479, 784
Miller, Byron 1, 6
Mills, E. P. 1035, 1409

Mitchell, Clifford 610
Myers, Dean W..... 602
Nash, E. B..... 59
Nesbit, Edwin Lightner..... .....494, 1413
Nowell, H. W.....77, 1309
Ogle, Albert A..... 807
Packard, Horace 871
Parsons, Scott 39, 913
Patchen, G. H..... 1133
Pearson, W. A..... .....507, 1262
Perkins, N. R..... 53
Perkins, C. Winfield..... 1401
Price, Eldridge C..... 54
Rabe, Rudolph 1013, 1258
Rand, John Prentice..... 579
Rice, Philip 381
Richards, R. Milton..... 243
Ritch, O. S..... 632
Rowe, Allan Winter..... 420
Royal, George 628, 1300
Runnels, Orange S..... 148
Russell, P. D..... 1311
Sawyer, Charles E..... 141
Schenck, Herbert D..... 1384
Searson, James 249
Shadman, Alonzo S..... 1391
Smith, Alden E..... 1159
Smith, G. Carroll.....259, 456
Stearns, Guy Beckley..... 1123
Stevens, Rollin H..... 409
Stewart, Ralph A..... 1280
Sutherland, John P..... 114
Tuttle, Ella M..... 1040
Von Bonnewitz, Orlando R..... 1405
Ward, Florence N.....761, 1314
Watters, W. H..... 161
Weller, Charles Frederick..... 513
Wilcox, DeWitt G..... 235
Wilcox, Sidney Freeman..... 993
Wilms, J. H..... 1043
Wood, James C..... 897
Wooldridge, Fred V..... 245

BINDI JUL 18 1973

RX
1
A53
v.8
no.7-12

American Institute of
Homeopathy
Journal

Biological
& Medical
Serials

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY

STORAGE